PLEASE TYPE

MARGIN RESERVED FOR BINDING

The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()174(1786 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEA	SED:
COUNTY Frederick MARYLAND	state Maryland county Fr	ederick
(If outside corporate limits, write RURAL (in this place) A Braddock Heights (In this place) Months	CTTT'lf outside corporate limits, write RURA	
HOSPITAL OR	STREET (If rural give location	on)
STREET ADDRESS Vindabona Con. Home	ADDRESS	
DECEMBER	Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ELLA MAY	BARR DEATH: Februa	ry 1, 1956
RACE: WIDOWED, DIVORCED,	of BIRTH: 9. AGE last birthday Months y 26, 1867 88 yrs.	
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) ORSEWORK HOME	11. BIRTHPLACE (State or foreign country): 1 Maryland	2. CITIZEN OF WHA COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Calvin F. Remsburg	Emma Hargett	
15, WAR DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS:	33 D
(Yes, no or unk.) (If Yes, give war or dates of service) NO None	Mr.N.T.R. Waskey, Frederick,	roll Parkway, Maryland
18. MEDICAL CERTIFICATI		INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
33/X IMMEDIATE CAUSE (A) Cesebral	lementage.	15 min
DUE TO		
ANTECEDENT CAUSE (S)	lemontage clemi, genealized	(100.00
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	may s	gent
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of contributing 21B. PLACE (Home, farm, factor of contributing 21B. PLACE (Home, farm, factor of contribution) 21B		ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While 1 work at work	21F. HOW DID INJURY OCCUR?	
M. at work — at work —	1057 to Feb 1 1056 that I l	
	137	ast saw the decease
22. I hereby certify that I attended the deceased from here. A alive on 19.2., 19.2., and that death occurred at 1	.0:30AM, from the causes and on the day	te stated above.
22. I hereby certify that I attended the deceased from here. I alive on alive on 19, 19, and that death occurred at SIGNATURE	.O:30AM, from the causes and on the day	te stated above.
22. I hereby certify that I attended the deceased from here. A alive on alive on 19, 1956, and that death occurred atlastication. Signature 8. June 4	O:30AM, from the causes and on the day ADDRESS D. Frederick, Maryland	te stated above. OATE SIGNED 2/2/1956
22. I hereby certify that I attended the deceased from here. A alive on alive on 19, 1913, and that death occurred atlastate. A support of the support	D. Frederick, Maryland RY OR CREMATORY LOCATION (City, town,	te stated above. OATE SIGNED 2/2/1956 or county) (State

BECEINED.

BUREAU V. S.

THE PROPERTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1755 CERTIFICATE OF DEATH

01741

Reg. Dist. No. 13

I. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY Frederick	MARYL	AND	STATE Mary	and COUNTY	Frederi	ek
CITY (If outside corporate limits, write RURAL	LENGTH O	F STAY		porate limits, write RURAL e	nd give neerest f	lown)
OR and give neerest town) // Town Frederick	(in this p		OR TOWN Frede	miok		11
HOSPITAL OR	1 1 30	ars	STREET		ve location)	
INSTITUTION OF	Odensed		ADDRESS			
STREET ADDRESS 345 South Market	Street		345 8	outh Market	Street	
3. NAME OF (First) DECEASED	(Middle)		(Lest)	4. DATE (Moi	nth) (De	ey) (Yeer)
	. B.	B	EATTY	DEATH TE	bruary	8 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARI		I 8. DATE O		9. AGE lest birthdey	IF UNDER 1 YE	
Female White (Specify) Ma	WORLED,	May 6.	- 0	82 yrs.		Bys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINES	SS	11. BIRTHPLACE (State or fo	reign country)	1 12. (TITIZEN OF WHAT
	OR INDUSTRY		37			OUNTRY?
	Iwn home		Maryland		U	SA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Greenberry Gartrell			Lucinda C	haney		
	16. SOCIAL SEC	URITY NO.	17. INFORMANT &	ADDRESS		
(Yes, no, or unk.) (If Yes, give wer or detes of service)	None		Mr Joseph	E. Beatty -	Freder	dale 16d
			TIFICATION	H. Dearty -	. Lienel.	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		DICAL CER	Û.		2	ONSET AND DEATH
23/V murrier caller	to Lo	110	Jelon o e			
IMMEDIATE CAUSE (A)	1 7	7				
ANTECEDENT CAUSE(S) DUE TO	Nub	2 52	Qual.			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	/X	1		0		
STATING UNDERLYING CAUSE LAST. DUE TO	Elen	e bra	ARDON -	und 8		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		Section 1				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	S OF OPERATION	N				20. AUTOPSY?
						YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Hor OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	me, farm, fector , office bldg., etc		1c. WHERE DID INJURY OCC	UR? (City or town)	(County)	(Stete)
	. INJURY OCCU	IRRED I	If. HOW DID INJURY OCC	IIR ?		
W	hile No	t while	III. HOW DID MOOK! OCC			
		work		78 7		
22. I hereby certify that I attended the dece	eased from	LIKO	1, 19 S.L. to Z	- 0 195	, that I last	saw the deceased
alive on 2-9, 1955), and	d that death	occurred at	5:15 PM, from the	kauses and on the	date stated a	bove.
SIGNATURE		^		DRESS (Street, city, tow		DATE SIGNE
14.	1. Sle	1 male	n. +	To do Ne	In A	172/16/
23. BURIAL, CREMATION, EMOUVAL (SPECIFY) DATE THEREOF	NAME OF	CEMETERY OR	CREMATORY	LOCATION (City, tow	n, or county)	(State)
Burial Feb. 11, 19	56 Pin	e Grove		Mount Ai	rv.	Maryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	E		25. FUNERAL DIRECTOR'	S SIGNATURE	ADD	RESS
DATE (1) Set. 1956 Elizabeth	441	100	CECO.	delon -	Freder	6 20 1
- Washing	L	161	- conc	- The	2	we the

MEASON CERTAIN CATA OF TEASING C as the wall Frederick since therefore the bearing and No inclosed 344 She Barkh Janiant Career J. Pro Greenberry Gertrell variation. Mr. Joseph E. Pestay - trederick, M. 1900 and the second of the second of the second of Pab. 11, 1995 Fine Kove

or attending

burial

use

physician death

detached for

2-22-1956

REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Frederick-Maryland

1756 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Frederick COUNTY Frederick STATE Maryland COUNTY MARYLAND (If outside corporete limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) (In this plece)
Lifetime end give nearest town OR TOWN Frederick Frederick HOSPITAL OR STREET (il rural giva location) INSTITUTION OR ADDRESS Hillside Apts. #5 -Water St. Hillside Apts. #5 -STREET ADDRESS Water St. (Middle) NAME OF (Lest) 4. DATE (Month) (Day) DECEASED (Type or Print) Bell Anna Gertrude 19 DEATH Feb. COLOR OR 8. DATE OF BIRTH SINGLE, MARRIED. 9. AGE last birthday JE UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORGED Months Days Hours | Min. (Specify) 9-14-1912 Female White Married 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? retired) Housewife Own Home Maryland TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Melvin A. Carbaugh Emma G. Ebert 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS Hillside Apts.#5 (If Yes, give wer or datas of service) 214-16-1007 Louis F.Bell Frederick-Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 21a. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, Jarm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) 21a. INJURY OCCURRED 211. HOW DID INJURY OCCUR? Not while at work et work 22. I hereby certify that I attended the deceased from.... 19. J., that I last saw the deceased, and that death occurred at 4:30AM, from the causes and on the date stated above. ADDRESS (Streat, city, town, steta) DATE SIGNED BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (SPECIFY)

Mt. Olivet Cemetery

25. FUNERAL DIRECTOR'S SIGNATURE

C.E.Cline and Son-Frederick-Md.

DIRECTOR: The law requires that the be retained by the hospital pe pluods death certificate assembly FUNERAL certificate A15C

Burial

24. REC'D BY REGISTRAR

SEVER STARCATE OF DEATH (E) with cost month. The state of the s alainstone and bolton Add to the Agree of - Antonio Steel TALLELO PETE. ES .. Tator Est. OF MOY WALL Bell directed . A civile AMOUNT A RESE Photos shisti Lenda Librall ALL PORTOR BUREAU V. S. And the second s FEB 23 1956

the call dentify and

wet the the set with the

C. N. Olives and Son-Breakers and Co.

-		1787 CERTIFICATE OF DEATH Reg. Dist.	No. 13.
To the	ly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF OECEASEO	
carefully	legibly.	COUNTY Frederick MARYLAND STATE MA COUNTY Fuld CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITYNI outside corporate limits, write RURAL as	cuck
		OR and give nearest town) Town Rural Frederick 2 yes. OR Town Rural Walkersin	ele x
ourro	clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET ADDRESS (If rural give location) ADDRESS	/
f int	th cl	DECEASED: 4	ay) (Year)
item of information	of death	Type or Print) ARY ELLEN BIDDINGER DEATH: Jeln 5. SEX: 6. COLOR OR 7 SINGLE, MARRIED. RACE: WHOOMED, DIVORCEO, (Specify): (Specify): (Specify): (Specify): (Specify): (Specify): (Specify)	
		10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS VII. BIRTHPLACE (State or foreign country): 12.	OUNTRY?
n la	he ce	13. FATHER'S NAME: 14. MOTHER'S MAIOEN NAME:	W.S.A.
V.	write the	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT & ACORESS:	
INK	Se W	(Yes, no, or unk.) (If Yes, give war or dates mrs. Edgar Van Fossen, Woodstoro	md.
2	please	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
1	p	79 ILV	ONSE! AND DEATH
Y C	ns:	IMMEDIATE CAUSE (A) Sevelely	four year
N N	Physicians:	ANTECEDENT CAUSE (S)	
	ysi	DISEASES OR CONDITIONS, IF ANY, (B)	
-	Ph	STATING UNDERLYING CAUSE LAST. OUE TO	
1/1/	t.	(C)	
5	tar	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	0. L	DISEASE OR CONDITION CAUSING DEATH.	
TATA	important.	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
wave alam 2 MM 2 MM ABMI BAIM AIM A MARA 10 GARAGA	especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County of INJURY OCCUR?)	(State)
		21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW OID INJURY OCCUR? While Not while at work at work	
2	-	22. I hereby certify that I attended the deceased from 2 - 8 , 1957, to 2-8-, 1956, that I last	saw the decease
	च ड	alive on 2-8, 1956, and that death occurred at \\'25 M, from the causes and on the date s	tated above.
E	correct	My R Marthy M.D. 2	-15-56
5	CO	23. BURIAL. CREMATION DAYE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY)	county) (State
5	T.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
	4	REGISTRAR 1956 Elizabeth & tech 4. C. Barten, Wolkersville,	ml.



FEB 16 1956

DECENAED

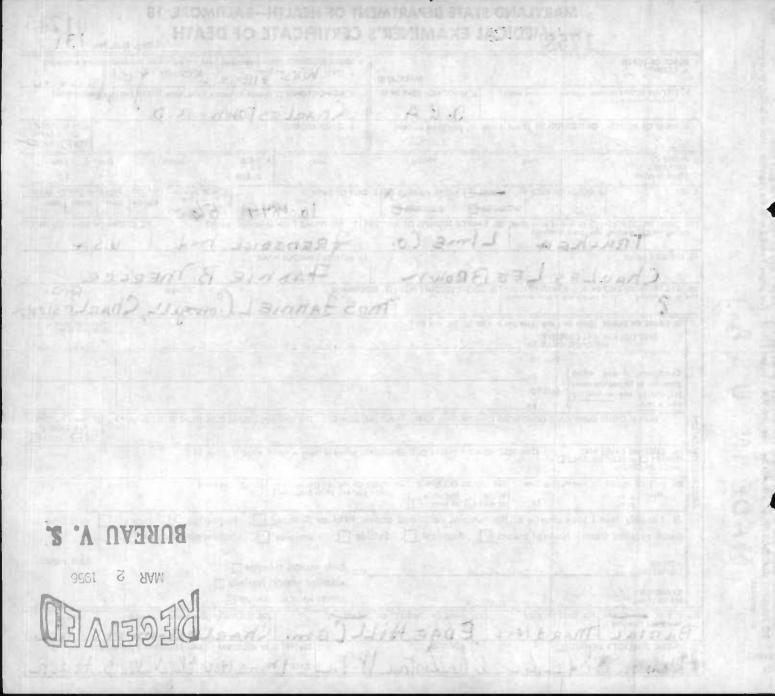
2

757 CERTIFICATE OF DEATH

Item 2. FilmG192 2-16-56 et			Re	eg. Dist. No.	131
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
COUNTY Frederick	MARYLAND	STATE MACYLA	county	Frederic!	47x.3
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CtTY (if outside corpo	rete fimits, write RURAL ar	nd giva naarest town)
// Frederick	12 years	TOWN Treder	ck Washi	ngton, D.	C.
HOSPITAL OR INSTITUTION OR		STREET 1448 G	irard (If rural giv	a location)	
ASTREET ADDRESS Home for the Aged		Home/for/the/	Aged/ 4/115/	Record S	tréét/ V
3. NAME OF (First) (A	(iddla)	(Last)	4. DATE (Mon		(Year)
(Type or Print) ADA VI	RGINIA	BROOKEY	OF DEATH TO	bruary 9	19 56
S. SEX 6. COLOR OR 7. SINGLE, MARRIET	8. DATE		9. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female White Specify Sin	man Danem	ber 24, 1872	83 угз.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work dona during most of working life, evan If OR I	OF BUSINESS Store	11. BIRTHPLACE (State or foreign	gn country)		N OF WHAT
ratirad) Saleslady Millin	ery-Dept.	Maryland		USA	NTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1	-
Theodore Brookey		Anna Woerr	er		
	SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS		Md.
(Yes, no, or unk.) (If Yas, give war or dates of service)	17-10-0555	7 Mrs. David	H. Yinger -	- Braddock	Heights.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION		INT	RVAL BETWEEN
(1)	roler 10. 1	fernorbe	00	P)	SET AND DEATH
331X IMMEDIATE CAUSE (A)	4	10,00000	0		MARRIS
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	Exertons	ion-		3	heans.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		1/1			0-
STATING CHOCKETING CAUSE EAST. (C)	Illrio - Se	Illradia			
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a, DATE OF OPERATION 19b. MAJOR FINDINGS O	F OPERATION			2	O. AUTOPSY?
				YES	□ NO
21s. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factory, ica bldg., atc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. I While M. at wor	NJURY OCCURRED Not white at work	21f. HOW DID INJURY OCCUR	?		
22. I hereby certify that I attended the deceas	ed from	19.53, 10.9 F	50. 1056	that I last so	
alive on 9 Feld, 1955, and				, mai i lasi sa	w me deceased
SIGNATURE / /	man death occurred a		RESS (Street, city, low)		e. Date signed
Charles & Coully	M.D.	religial	mary	land.	2/10/9
23. BURIAL CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, Have	, or county)	(State)
Burial Feb. 11, 1956	Mount Olive	et Cemetery	Frederick	. Ma	ryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1)	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRES!	
DATE 10 Jeb. 1956 Chabith &	tech	Kelline	Ison-	trederi	k mide

	1758 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1374
	PLACE OF DEATH a. COUNTY C. STATE WEST VIRGINIA D. COUNTY E. 1 E 12 Son.
	b. CITY OR TOWN (If outside corporate limits, write RURA) and over pearest town) ond give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS (e. IS RESIDENCE)
97	Tridenel marrosial blospital VES NO.
3	(Type or print) Aiddle Lost 4. DATE Month Day Year OF DECEASED (Type or print) OF DEATH July 29 1937
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. B. DATE OF BIRTH WIDOWES DIVORCES DI VIVORCES DI
1	Ou. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTING life, even if retired) 13. CITIZEN OF WHAT COUNTING life, even if retired) 14. S.A.
	3. FATHER'S NAME Charles LEE BROWN TARNIE B. MERCER
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or information of services 16. SOCIAL SECURITY NO. 17. INFORMANT TO STATUTE L. CONTROL CHARLESTON
	18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
	1420.1 DUE TO
	Conditions, if any, which) (b)
2	gove rise to immediate couse (o), stoting the underlying DUE TO cause last.
0	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work of work
	21. I certify that I taak charge af the remains described above, held an Autopsy, Inspection, Inquiry, and find the death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause
200	ACTUAL SIGNATURE AND. CHIEF MEDICAL EXAMINER (
	EXAMINER'S B. O. Thomas DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
2	220. BURIAL GREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BURIAL Specify) THE 3 1956 EDGE HILL (Em. Sharlestanon W. Va
2	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAR 1950 Eleventer & Heck

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0174

1784 CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Frederick STATE Maryland COUNTY Free ck MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (if outside corporate limits, write RURAL and give nearest town) OR pand give nearest town) OR Brunswick HOSPITAL OR INSTITUTION OR STREET (If rural give location) ADDRESS LIL Brunswick Street LIL Brunswick Street STREET ADDRESS 3. NAME OF Caniford (Last) (Day) 4. DATE (Month) Tames Franklin DECEASED: (Type or Print) DEATH: 5. SEX: 8. DATE OF BIRTH: 5-7-1887 S. COLOR OR 9. AGE last birthday: IF UND R PEAR IP UNDER 24 HRS. 7. SINGLE, MARRIED, Mytogwendbivorced, Married Days Hours Mala Month 10a. USUAL OCCUPATION. Give kind of 10b, KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): INDUSTRY: 12. CITIZEN OF COUNTRY? work done during most of working life, West Virginia Brakemanired): Retired B.and O.R.R.Co U.S.A. 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: James Caniford Lucy Conner 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of World Waservice) Mrs. Maude Caniford, Brunswick. Md. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, If any, (b) .. giving rise to the above cause DUE TO stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? AA. DATE OF OPERATION: 19b. MAJORCKINDINGS OF OPERATION Yes No I ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) CIDE SPICIDE COMICIDE office bidg., etc.) OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? Not While While at INJURY Work [At Work 194. b, that I last saw the deceased 22. I hereby certify that I attended the deceased from 130 A Tom the causes and on the date stated above. 1951, and that death occurred at alive on SIGNATURE 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) 2-3-1956 S REGISTRAR'S SIGNATURE Petersville, Maryland DATE REC'D BY LOCAL C.H. Feete and REGISTRAR Bro Brunswick, Maryland

PLEASE

BUREAU V. 2

LEB - 6 1996

M

AR	YLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	1759	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

M

01748

								Reg. Dist.	No. 151
1. PLACE OF DEATH a. COUNTY		77			2. USUAL RESIDENCE (W	here decease		n: Residence	befare admission)
4. COBINIT	Frederick	300	MARYL	AND	o. STATE Mary	land	b. COUNTY	Fre	ederick
b. CITY OR TOWN	(If outside carporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If	autside carp	orate limits, write RL	JRAL and giv	re nearest tawn)
// Freder	0 0		Years		F	rederi	ck	11	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS			1	e. IS RESIDENCE
69	Frederick l	Memor	rial Hospita	al	550 Eas	st Chu	rch Stree	t	YES NO
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mont	h	Day Year
(Type or print)	NELLI	E	ROSANI	VA	CECIL	DEATH	Februa	ry 22.	19 56
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	D 🔲 8.	. DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UNDER 24 H
Female	White	WIDOW	ED KK DIVORCED		March 21, 189	92	63 yrs.	Manths D	ays Hours Min
10o. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	dane 10b.	KIND OF BUSINESS OR	R INDUST	RY 11. BIRTHPLACE (State	ar foreign o	country)	12. CITIZ	EN OF WHAT COUN
Housewo	rk	'	Home		Maryla	and		Ţ	JSA
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
	Daniel Ha	iflei	.gh		Elmin	ra Har	tman		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		Addr	ess	1- C1
No	No		lone	Mis	ss N. Louise	Cecil	Frederi	ck. Ma	ch Street,
	immediate DUE TO		knlms	m	Menno	mle	2		INTERVAL BETWEEN ONSET AND DEATH 10 days 2 days
ICATK	THER SIGNIFICANT CON	DITIONS C			NOT RELATED TO THE TERM			EN IN PART 1	19. WAS AUTOPS PERFORMED? YES XX NO [
OR CONTRIBUTION	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER	200. DE3	CRIDE HOW INJURI OC	CURRED.	(chier holdre of injury in	raii (ai ra	it ii Gr Hem 16.)		
20c. TIME OF INJU Hour o. m.	IRY Month, Day, Yes	While	NJURY OCCURRED Nat while at wark	20e. PLAC facto	CE OF INJURY fHome, farm ary, street, office bldg., etc	n, 20f. (Cit	y or town)	(Cou	unty) (Stol
21. I certify	that I attended the	deceas	ed framZ	2_	, 1956, to	256	2 2 1957	that I la	st saw the deced
alive an 3	1 22	. 125	and that	death (accurred at 11:15	PM, fra	m the causes a	nd an the	date stated abo
	0 . 11	P					itreet, city or town, s		DATE SIG
ACTUAL SIGNATURE	30 Hac	270	200	м	. Frederic	k, Ma	ryland		2/24/19
PHYSICIAN'S NAME (Type)	Dr. B. O. T	'homa	s Sr.		North Ma	rket	Street, F	rederi	ck. Marvla
220. BURIAL, CREMATI	ON, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OR			TION (City, town, o		(Stote)
REMOVAL (Specific Buria.	Feb.25,19	156	Mount Ol	ivet	Cemetery		Frederick	Marv	land
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		24a. REC	D BY REGIS	TRAR 24b, REGIS	TRAR'S SIGN	
M. R. Etc	chison & Son	. Fre	ederick. Ma	rvla	nd DATE 21	4 Jeb 19	56 860	.00 h	110.6

VS A1S (4) 1SM 9/5S

	HEARD ROET	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		WHEN PARTY AND ADDRESS OF THE PARTY AND ADDRES	71 30 St. 10 W.
		and the second	States I OI
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	Sort Hill Strong - William To Ann arts		
	to the second of the point of the second		
BUREAU V.			
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BUREAU V.			
BOKEVO A.			
PECEIVE V. 1956			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01749

1785 CERTIFICATE OF DEATH

y.	2000	Reg. Dist.	140
r	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	0 1
	Fradaysk	may land	I.
	COUNTY TRUCKER MARYLAND	STATE // Cluft Count	
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and like nearest town) (in this place)	CITY (If outside oprorate limits, write BURAL and	give nearest town;
	35 TOWN BRUKSWICK	TOWN Brunswell	35
	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	13.0 l
	STREET ADDRESS	ADDRESS / Manykaud	WH
	NAME OF THE OWNER OWNER OF THE OWNER OWNE		
	3. NAME OF (First) (Middle)	(Day) 4. DATE (Month) (Day)	(Year)
	Type or Print) Oul dward 1	DEATH: 6	19 5 6
	5. SEX: S. COLOR OR RACE: S. SINGLE, MARRIED, S. DATE WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: If UNDER I YE. Months: Day	
	Male while yspecity ried 0-	(8 -18 90 6 5 yrs.	
	10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF work done during most of working life, INDUSTRY:	R II. BIRTHPLACE (State or foreign country): 12. C	TIZEN OF WHAT
1	work done during most of working life, BINDUSTRY:		1.:([]
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	3,,,
	Mart Barrell	West forend)	
	15 WAS DECEASED EVER IN U.S.ARMEO FORCES? 16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of	1 Snd D 10 P	1 In
0	service) 716	rs Mary 13. Warr Drunswich	e 1110
	18. MEDICAL CERTIFICATI	ON	Interval Hetween
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
	420.1	and orcchargement	
	Immediate cause (a)		4
	Antecedent causes (s)	() 102. 101.	2
	Diseases or conditions, if any, giving rise to the above cause		U. U.
	stating the underlying cause last. DUE TO		()
	(c)	<u> </u>	
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
	related to the disease or condition causing death.		
	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
į	0		Yes No
	2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (ST	rate)
	HOMICIDE		
•	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
	INJURY m. Work At Work	the section of	
	22. I hereby certify that I attended the deceased from	,1950, to 2 -/1 , 1956, that I last s	aw the deceased
	alive on 1, 19, and that death occurred at	An from the causes and on the date s	tated above.
	SIGNATURE (Pegree or title)	ADDRESS	TE SIGNED
	(III) Burritte	Durant Im	7-11-70
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	OR CREMATORY LOCATION City, town, or four	nty) (State)
	Durial 2-10-06 St. dul	Res Goent / Rocks	1110
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR	ADDRESS
	Ter 17-56 Talkeyn N. Brown	O. M. Jewit 1300 Munsu	TOK HIG



BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS. A15-10-53

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	01750
	1760 CERTIFICATE OF DEATH Reg. Dist.	No. 104
ly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED):
legibly	COUNTY Frederick, MARYLAND STATE Mol COUNTY FILE	derick
le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR	nd give nearest town)
and	OR and give nearest town) (in this place) OR TOWN Rural God 2	itent x
	HOSPITAL OR STREET (If rural give location) ADDRESS	1
death clearly	STREET ADDRESS Fied, nemorial Haspital moderavelle	7
lo l		Day) (Year)
ath	DECEASED: (Type or Print) BERTHA VICTORA DINTERMAN DEATH: Feb. 1	19.5%
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	EAR IF UNDER 24 HRS.
of	J (Specify): Single Fet, 14: 1881 64 yrs. Months D.	ays Hours Min.
causes	IOA. USUAL OCCUPATION (Give kind of 10B. KIND) OF BUSINESS 1. BIRTHPLACE (State of foreign country): 12.	
nec	array if matinally.	COUNTRY?
please write the c	13. FATHER'S NAME:	
	Jacob E. Autorian Sugar Olice Bortion	
	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of service) — mrs. Robert W. Bond Keyman.	ml.
eas	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
pld	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
20	IMMEDIATE CAUSE (A) White Hearmonking	
an	DUE TO	
sici	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, (B)	1 3 3 3
Physicians:	GIVING RISE TO THE ABOVE CAUSE DUE TO	
	(C)	STATE OF THE STATE OF
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
mp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (Count injury occur)	y) (State)
Sp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
is	OF INJURY M. While Not while at work at work	
	22. I hereby certify that I attended the deceased from 195 (to 195), 195 that I last	saw the deceased
age		
ct	alive on 19, and that death occurred at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes and on the date structured at 2,45 AM, from the causes are detailed at 2,45 AM, from the causes are date at 2,45 AM, from the causes are d	E SIGNED
orrect	Jet Missen M.D. Hommoruck	mai
00	73 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, of REMOVAL (SPECIFY)	county) (State)
	Burish Fet. 3 1956 mt Hope Cemetery Woodsberg	md
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
	REGISTRAR 2/3/5-6 & E Pouvill G.C. Barten, Walkersvelle	Md.

BUREAU V. E.

LEB 6 1820

I

MARYLAND	STATE DEPARTMEN	T OF HEALTH—BALTIMORE	, 18	01751
1761	CERTIFICATE	OF DEATH Res	Dist	01751

7 0 0 7			
I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEAS	SED:
COUNTY Frederick	MARYLAND	STATE Maryland COUNTY FI	rederick
CITY (If outside corporate limits, write R	URAL LENGTH OF STAY	CITY(If outside corporate limits, write RURA)	
OR and give nearest town) Frederick	Life (in this place)	Frederick	11
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 East Thi	rd Street	STREET (If rural give location and an arrangement of the street of the s	
3. NAME OF (First) DECEASED: (Type or Print) JOHN	(Middle) EDWARD	(Last) 4. DATE (Month) OF DEATH: Februs	(Day) (Year) ary 20,1956
PACE: WIDOW/	D, DIVORCED,	of BIRTH: 9. AGE last birthday IF UNDER Months Months	
work done during most of working life, even if retired):	B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 11.	2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	9 1	14 MOTHER'S MAIDEN NAME:	
John E. Doll		Mary E. Keefer	
(Yes, no, or unks) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO. 214-10-2154	Mr. George C. Doll, Frederick	Third St.,
	IS. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		ONSET AND DEATH
420.1	Company	anting alimin in	Carlet.
IMMEDIATE CAUSE	OUE TO	The section with	- sugge
ANTECEDENT CAUSE (S)		cuto/myocardial infor	chan
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)		
	(C)		
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DI	THE		
	FINDINGS OF OPERATION	v -	20. AUTOPSY?
0			YES NO NO
21A. ACCIDENT WAS UNDERLYING \(\) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fact FINJURY street, office bldg.,	etc. INJURY OCCUR?	unty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended th	e deceased from 2-/	14, 1956 to 2.20, 1956 that I la	ast saw the deceased
alive on 2-14, 1956, and SIGNATURE	that death occurred at	3:00A.M, from the causes and on the dat ADDRESS	ce stated above.
Much Marle		. D. Frederick, Maryland	2/22/1956
23. BURIAL, CREMATION, DATE THERECORDER (SPECIFY) Burial Feb. 22, 19		ERY OR CREMATORY LOCATION (City, town,	
	SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	1, 1/ 0.1	M. R. Etchison & Son. Frede	

40 laud

BUREAU V. E.

FEB 23 1956

BECENTED

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01753

	176	2	CERTI	FIC.	ATE OF DEATH	1		Reg. Dist		131
1. PLACE OF DEATH o. COUNTY Freder	ick		MARY	LAND	2. USUAL RESIDENCE (WHO o. STATE		ed lived. If instituti b. COUNTY		before o	
b. CITY OR TOWN (If out	side corporole limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN HE O		orote limits, write R			
RURAL ond give nearest	derick		40 Year	S		Fre	derick	1	1	
d. NAME OF HOSPITAL (I	f not in hospital, g	ive street o			d. STREET ADDRESS	2.20	uoi ion		e. I	S RESIDENCE
69 or Institution Fre	derick Me	emori	al Hospita	1	202 West	Patri	ck Street	t.		ON A FARM?
3. NAME OF DECEASED (Type or print)	ELLA		Middle REBEC		Losi DRONENBUR	4. DATE	Mon	ith	Day	Yeor .19 56
5. SEX 6. (200 0000004 60	7. MARR	ED NEVER MARRIE		B. DATE OF BIRTH	44	9. AGE (In years lost birthdoy)		-	UNDER 24 HRS.
Female	White	WIDOWE			February 17.	1890	lost birthdoy) 66 yrs.	Months [Days H	ours Min.
10a. USUAL OCCUPATION (C during most of working I	Sive kind of work	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (Stole	or fareign o	country)	12. CITIZ	EN OF W	VHAT COUNTRY?
Housework			Home		Marvla				USA	
3. FATHER'S NAME					14. MOTHER'S MAIDEN N				OQU	
J	ohn H. Og	rle			Christia	nna R	. Madary			
15. WAS DECEASED EVER IN	U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	. 17. 8	NFORMANT	44100 10	Add	ress		erick,
[Yes. no, or unknown] (If yes,	, give war ar dates of H	rvice)	None	Man	James M. Dr	ananh	urg. 202	TAT Do	- 04	Fred-
18. CAUSE OF DEATH	210	use per lin			• diles me Di	enemo	اللاق دراد	VI . Id		AL BETWEEN
PART I. DEATH V	VAS CAUSED BY:				- /				ONSET	AND DEATH
175x 1MM	MEDIATE CAUSE (o)	Fulm	m	my E de	we.			/	duy
	DUE TO		1 - 4	0						0
Conditions, if ony, a	/ 10)	Interdais	el	Obstruction	h			2.	months
coese (o), stoting the u			Carinon	na	of o van	<u></u>			4	year
PART II. OTHER S PART II. OTHER S OR CONTRIBUTING CITY (IF EITHER, NOTIFY MED	IGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART	P	VAS AUTOPSY ERFORMED? S NO
	AUSE OF DEATH I	20b. DESC	CRIBE HOW INJURY OF	CCURRE	D. (Enter noture of injury in F	Port I or Po	rt II of item 18.)			
20c. TIME OF INJURY N Hour o. m. p. m.	Nonth, Day, Yea	20d. IN While of work	Not while		ACE OF INJURY (Home, farm clory, street, office bldg., etc.		y or town)	(Co	ounty)	(State)
21. I certify that I	attended the	decease	ed from II.	/	, 1952, to F	- N-	15 1057	that I la	et cow	the deceased
alive an Folo		10 (7 and that	dogth	accurred at 3:10	Pm s-	m the annual of		al aday	And all all and
unive un			-13, dila mai	deum			Street, city or town,		date s	DATE SIGNED
ACTUAL SIGNATURE	Thomas	e E	State		M.D		derick, N		ıd	2/21/195
PHYSICIAN'S NAME (Type) Dr .	Thomas E	. St	one		Frederick	Mar	vland			
220. BURIAL, CREMATION, 2	22b. DATE THEREO	F	22c. NAME OF CEME	TERY O			TION (City, town,	or county)		(Stote)
REMOVAL (Specify)	2/22/1956		Mount O	live	t Cemetery		Frederick		rvla	
23. FUNERAL DIRECTOR'S SIG	SNATURE		ADDRESS			D BY REGIS		STRAR'S SIGN	-	nu .
M. R. Etchiso	on & Son,	Fre	derick, Man	ryla		2 7eb-1	- 0	0.00.	h t	tab.

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on against Lastral	ENII.		

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1788 FOR MEDICAL	L EXAMINERS Reg. Dist. 1	10.144
I. PLACE OF DEATH- COUNTY Frederick CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Thurmont, Md. (in 1this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT STATE Maryland COUNT OR TOWN Thurmont, Md. STREET ADDRESS (If rural, give location)	rederik ive nearest town)
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	DEATH DEATH S. DATE OF BIRTH 9. AGE sat birthday II unde	f 1954 r year [f under 24 bra
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		Days Hours Min.
done during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business on Industry 10b. Kind of Business on Industry 10c. Win home	II. BIRTHPLACE (State or foreign country) Cambridge, Md.	12. CITIZEN OF WHAT
Richard J. Robbins	14. MOTHER'S MAIDEN NAME Ada V.Tyler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	Charles F. Eby Thurmont	Ad .
18. MEDICAL CE		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Built worm	d into brain	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	"Timal afort ear	(
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office pldg., etc.) CAUSE OF DEATH.	Strengmont Frederick	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY Eds., 8, 1958 1130 m. work at work	Self-inflisted gun about was	und
22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes □, accident □, suicide ☒, homicide □, SIGNATURE (Degree or title)	and and an analysis of the state of the stat	from the evidence opinion resulted DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE BURIAL (Specify) 2/11/56 Cambridge	Cemetery Cambridge, Md.	nty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1876. 9 1956 Blanche S. Eylev	24. FUNERAL DIRECTOR	amont, Md.

BUREAU V. E.

LEB 10 1956

BECEINED

VS. A15-10-53

F	1. PLACE OF DEATH:		E OF DEAT	NCE (HOME) OF DECEASE	. No. 14.4
	Emodordale				
	COUNTY Frederick CITY (If outside corporate limits, write	MARYLAND te RURAL LENGTH OF STAY	STATE MATY	land COUNTY Fred orporate limits, write RURAL	erick
	OR and give nearest town)	(in this place)	OR		and give nearest town;
	Town Thurmont, Md.	Life-83 y		rmont, Md.	X
	HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give location)	1
	3. NAME OF (First)	(Middle)	(Last)		Day) (Year)
	(Type or Print) Charles	Joseph	Elower	DEATH: Feb.	7. 1956
	5. SEX: 6. COLOR OR 7. SING RACE: WIDO	LE, MARRIED, 8. DATE		AGE last birthday IF UNDER 1	
	Male White Speci		y.13.1872	83vrs. Manths 2	Ays Hours Min.
	OA. USUAL OCCUPATION (Give kind of work done during most of working life.	108. KIND OF BUSINESS OR INDUSTRY:		tate or foreign country): 12.	CITIZEN OF WHAT
	etired Track Foreman	Potomac Edison	Co. Freder	ick Co.Md.	USA USA
	3. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:	
	George V.Elower		Agnes Hele	na Hahn	
	S. WAS DECEASED EVER IN U.S. ARMED FORCE	ST 18. SOCIAL SECURITY NO.	17. INFORMANT &		
	(Yes, no, or unk.) (If Yes, give war or date of service)	es None	Flowd Flo	werThurmont,	MA
	110	18. MEDICAL CERTIFICA		wer That mone,	
	I DISEASES OR CONDITIONS DIRECT				INTERVAL BETWEEN
	153X	C			6
	IMMEDIATE CAUSE	(A) Caremo	matting		o mo.
	ANTECEDENT CAUSE (8)	DUE TO	1	1	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B) Cartinon	~ 1 sign	ord won	1 mm.
	STATING UNDERLYING CAUSE LAST.	DUE TO	1		
		(C)			
	II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	TO THE C CONTRIBUTING	orice my	occurdition	7
	DISEASE OR CONDITION CAUSING				•
	19A. DATE OF OPERATION: 19B. MAJ	OR FINDINGS OF OPERATIO	ON		20. AUTOPSY?
	0				YES NO P
	21A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	218. PLACE (Home, farm,	ctory, 21c. WHERE DI	O (City or town) (Coun	ty) (State)
	OF INJURY (Month) (Day) (Year) (Hour	OCCURRE While Not while at work	D 21F. HOW DID IN	JURY OCCUR?	
	М,		7	1 = = = = = = = = = = = = = = = = = = =	
	22. I hereby certify that I attended	the deceased from	, 1926, to	7, 19 56 that I last	t saw the deceased
		and that death occurred a			
	SIGNATURE MA TO	als Buil	ADDRESS	M	TE SIGNED
	23. BURIAL, CREMATION, DATE THE		TERY OR CREMATORY	LOCATION (City, town, o	r county)
	REMOVAL (SPECIFY)	NAME OF CENE			county) potate
		6 II R Com	atory	" " I TO TO TO TO TO THE MAN	
	Burial 2/9/5	U.B.Cem	24. FUNERAL DI	Thurmont, Md.	ADDRESS
	Burial 2/9/5		24. FUNERAL DI	RECTOR Son Thur	

Life-il yes. I Thurson, 3d.

Truck Foresun Potos o bataon Co.) Traderiak Co.M. ness Polony labor

BUREAU V. S.

EEB 6 1929

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cullen HOSPITAL OR (In this place) 3 days 3 days STREET ADDRESS VICTOR Cullen State Hospital 3. NAME OF (First) (Middle) (Last) DECEASED: (Type or Print) Frank Andrew Fam 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: (Specify): Single February 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 13. FATHER'S NAME: 14. Frank Fannin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 1908 18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	CITY(If outside corporate limits, write RUR OR TOWN Hagerstown STREET (If rural give loca 225 Norway Avenue) 4. DATE (Month) OF DEATH: Febru BIRTH: 9. AGE last birthday yrs. Month Month Morther's Maiden Name: Fannie Kitrick INFORMANT & ADDRESS: eceased	(Day) (Year) Ary 1, 19 56 ER 1 YEAR IF UNDER 24 HRS. S Days Hours Min. 12. CITIZEN OF WHA COUNTRY? U.S.A.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cullen HOSPITAL OR (INSTITUTION OR STREET ADDRESS VICTOR Cullen State Hospital 3. NAME OF (First) (Middle) (Last) DECEASED: (Type or Print) Frank 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: (WIDOWED, DIVORCED, White (Specify): Single February OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 13. FATHER'S NAME: Painter 14. Frank Fannin 15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, pio, or unk.) (If Yes, give war or dates of service) 1908 16. MAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, pio, or unk.) (If Yes, give war or dates of service) 1908 17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH OAX IMMEDIATE CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	CITY(If outside corporate limits, write RUR OR TOWN Hagerstown STREET (If rural give loca 225 Norway Avenue 225 Norway	(Day) (Year) ATY 1, 19 56 ER 1 YEAR IF UNDER 24 MRS S Days Hours Min. 12. CITIZEN OF WHA COUNTRY? U.S.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital 3. NAME OF (First) (Middle) (Last) DECEASED: (Type or Print) Frank Andrew Fan: 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: (Specify): Single February OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter OA. USUAL OCCUPATION (Give kind of working life, even if retired): Painter OA. USUAL OCCUPATION (Give kind of working life, even if retired): Painter OA. USUAL OCCUPATION (Give kind of working life, even if retired): Painter OA. USUAL OCCUPATION (Give kind of working life, even if retired): Painter OA (Specify): Single February OA (Specify): Single	ADDRESS 225 Norway Avenue 4. DATE (Month) OF DEATH: Febru BIRTH: 9. AGE last birthday Ir uno Month ATT DEATH STATE (State or foreign country): ATT DEATH STATE (Month) OF DEATH: Febru Month Month Trunc Trunc Trunc Month Mother's Maiden Name: Fannie Kitrick INFORMANT & ADDRESS: eceased	(Day) (Year) ATY 1, 19 56 ER I YEAR IF UNDER 24 HRS. S Days Hours Min. 12. CITIZEN OF WHA' COUNTRY? U.S.A.
DECEASED: (Type or Print) 5. SEX: (Type or Print) 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. Male White Specify): Single February OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter OA. HEALTH STANAME: Frank Fannin S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 1908 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH OAX IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH.	BIRTH: 9. AGE last birthday Month 14, 1889 66 yrs. Month BIRTHPLACE (State or foreign country): aryland MOTHER'S MAIDEN NAME: Fannie Kitrick INFORMANT & ADDRESS: eceased	ARY 1, 19 56 ER 1 YEAR IF UNDER 24 MRS. S Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
Male RACE: (Specify): Single February OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 13. FATHER'S NAME: Painter 14. Frank Fannin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unk.) (If Yes, give war or dates of service) 1908 16. MEDICAL CERTIFICATION 17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (A) Pulmonary Tube STATING UNDERLYING CAUSE LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH.	14, 1889 66 yrs. Month BIRTHPLACE (State or foreign country): aryland mother's maiden name: Fannie Kitrick Informant & address: eceased	INTERVAL BETWEEF
work done during most of working life, even if retired): Painter 3. FATHER'S NAME: Frank Fannin Was deceased ever in u.s. armed forces: Yes no, or unk.) (If Yes, give war or dates of service) 1908 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 10. OTHER SIGNIFICANT CONDITIONS CONTIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	aryland MOTHER'S MAIDEN NAME: Fannie Kitrick INFORMANT & ADDRESS: eceased	INTERVAL BETWEEN
Trank Fannin Was deceased ever in U.S. Armed Forces? (es. po, or unk.) (If Yes, give war or dates of service) 1908 18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (S) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Fannie Kitrick INFORMANT & ADDRESS: eceased	ONSET AND DEATH
Tes_no, or unk.) (If Yes, give war or dates 1908 217-09-9735 D 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	eceased	ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH OO ALX IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	rculosis.	ONSET AND DEATH
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		4 years.
I OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID (City or town) (INJURY OCCUR?	County) (State)
OF INJURY While Mot while at work at work	IF. HOW DID INJURY OCCUR?	
M.D.	30 M, from the causes and on the d m. ADDRESS Cullen, Maryland Fe	ate stated above. DATE SIGNED bruary 2, 1956
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY CREMOVAL (SPECIFY) Burial 2-1-56 Rest Haven Cemetery Cremoval Registrar's Islandaria 2-1-56	OR CREMATORY LOCATION (City, tow	n, or county) (State

DECENVER DECENVER

BUREAU V. S.

FEB 6 1956

1763 CERTIFICATE OF DEATH Rea. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND Frederick Maryland Frederick eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR FOWN-(If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) ploods Frederick Years Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NOW Frederick Memorial Hospital 129 East Patrick Street puo NAME OF First Middle DATE Month Day Yeor DECEASED OF (Type or print) DEATH ATIA ESTELLA HARNE February 19 56 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days DIVORCED T WIDOWED Female White June 26 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? dod 00 during most of working life, even if retired) Housework Home pup Maryland USA pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME t o mave George J. Rhoads Mary Wiles 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Pat. St. Frederick. Md. None Forney 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO ony Conditions, if any, which gove rise to immediate **DUE TO** casse (a), stoting the underlying cause lost PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YESX NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) S 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while of work at work 21. I certify that I attended the deceased from 7, 195 4that I last saw the deceased pached and that death occurred a 9:45 P. M., from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED det ACTUAL prior Frederick. Maryland should PHYSICIAN'S FUNERAL NAME (Type) Dr. R. O. Thomas Sr. Frederick. Maryland 3 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 17956 Mount Olivet Cemetery Burial Frederick, Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) M. R. Etchison & Son, Frederick, Maryland 15M 9/55

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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E. Hechtoor tellen, Processes, envised

UNITED THE STANDARDS

BUREAU V. S.

LEB 23 1956

TO ATTENDING PHYSICI

1764 CERTIFICATE OF DEATH

	F DEATH				2. USUAL RES	DENCE (HOME) OF	DECEASED	
	FREDER		MARYLA		STATE /1/	ARYL	7 M P COUNTY	FRE DE	ERICK
OR and	etside corporate limits, was give neerest town)		LENGTH OF (in this ple	oce)	OR TOWN	corporate lim	ils, write RURAL	end give neare	ist town)
HOSPITAL C		CICK	1.de	24	STREET	2 /1/	(ERS V)	LLE live location)	
STREET ADD	OR FREDE.	RICK ME	MICRIAL HO	312.	ADDRESS	R	-	tt 2,	
3. NAME OF	r (First)		(Middle)		(Last)	4		onth)	(Day)
(Type or Prin	1 DAVI		CHARLE		CRREST		DEATH	2 /	13
5. SEX	6. COLOR OR	7. SINGLE, WIDOWE (Specify)	MARRIED, D, DIVORCED,	8. DATE OF		9. AC	GE lest birthdey	Months	YEAR IF
10e. USUAL OCC	UPATION (Give kind of		b. KIND OF BUSINESS		. BIRTHPLACE (Slete o	r foreign cou	yrs otry)		
done during retired)	most of working life,	even if	OR INDUSTRY		MARYL		,,	1	COUNTRY
13. FATHER'S NA					14. MOTHER'S MA	IDEN NAME		1 4	۷. ن
C1-	IARLES	FORRE	EST		1417R7	G11	LBERT		
	SED EVER IN U. S. AR		16. SOCIAL SECU	RITY NO.	17. INFORMAN			1	RTIF
(Yes, no, or unk.)	(If Yes, give wer or	delay of service							
	Thereton a policy of Co. N. S. S.	The state of the s	water-170 to	Approximation (Charles	STOVI	resT-1	Myersi	ulle,
I DISEASES OR	CONDITIONS DIRECTL	LY LEADING TO D	EATH 18. MED	ICAL CERT	Charles	s tori	resT-1	Myers	INTERVA
07 6 F			EATH 18. MED	ICAL CERT		701	resT-1	Myers	INTERVA ONSET
762.50	CONDITIONS DIRECTL AMEDIATE CAUSE TECEDENT CAUSE(S)	LY LEADING TO D (A) DUE TO	EATH 18. MED PULINCI	ICAL CERT		70VI	rest-1	Myers	INTERVA ONSET
AN DISEASES OR C	AMEDIATE CAUSE TECEDENT CAUSE(S) ONDITIONS IF ANY	DUE TO	PULMOI PREMA	ICAL CERT YARY		70VI	rest-1	Myersi	INTERVA ONSET
AN DISEASES OR C	AMEDIATE CAUSE TECEDENT CAUSE(S)	(A) DUE TO (B) DUE TO	PREMA	ICAL CERT		70VI	rest-1	Myersi	INTERVA ONSET
AN DISEASES OR C GIVING RISE TO STATING UNDER	AMEDIATE CAUSE TECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LLYING CAUSE LAST.	(A) DUE TO (B) DUE TO (C) ONTRIBUTING	PREMA	ICAL CERT		5 70VI	rest-1	Myers	INTERVA ONSET
AN DISEASES OR C GIVING RISE TO STATING UNDER 11 OTHER SIGNIF TO THE DEATH	AMEDIATE CAUSE TECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LLYING CAUSE LAST.	(A) DUE TO (B) DUE TO (C) CONTRIBUTING	PREMA	ICAL CERT		7 70VI	rest-1	Myers	INTERVA ONSET
AN DISEASES OR C GIVING RISE TO STATING UNDER 11 OTHER SIGNIF TO THE DEATH	AMEDIATE CAUSE TECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LEVING CAUSE LAST. TO CONDITIONS COLUMN CAUSE IS UT NOT RELATED TO ONDITION CAUSING D	(A) DUE TO (C)	PREING	YBRY		70VI	rest-1	Myers	20A
DISEASES OR C GIVING RISE TO STATING UNDER TO THE DEATH DISEASE OR C	AMEDIATE CAUSE TECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST, ICANT CONDITIONS CI IS BUT NOT RELATED TO ONDITION CAUSING D PERATION 1	(A) DUE TO (B) DUE TO (C) CONTRIBUTING O THE DEATH	PREMA	YARY	ATELEC			Myers	20. A YES
DISEASES OR C GIVING RISE TO STATING UNDER 11 OTHER SIGNIF TO THE DEATH DISEASE OR C 19a. DATE OF O 21a. ACCIDENT (IF ETHER, NOTIF	AMEDIATE CAUSE TECEDENT CAUSE(S) ONDITIONS, IF ANY, I THE ABOVE CAUSE LYING CAUSE LAST, ICANT CONDITIONS CI I BUT NOT RELATED TO ONDITION CAUSING D PERATION 1 WAS UNDERLYING T WAS UNDERLYING T MEDICAL EXAMINER)	(A) DUE TO (B) DUE TO (C) ONTRIBUTING O THE DEATH. 19b. MAJOR FINE OF INJURY S	EATH PULING PREMA	YARY				Myeys 1	20. A YES
DISEASES OR C GIVING RISE TO STATING UNDER TO THE DEATH DISEASE OR C 19a. DATE OF O 21a. ACCIDENT OF ETHER, NOTIF	AMEDIATE CAUSE TECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LLYING CAUSE LAST, ICANT CONDITIONS CO I BUT NOT RELATED TO ONDITION CAUSING D PERATION WAS UNDERLYING G CAUSE OF DEATH	(A) DUE TO (B) DUE TO (C) ONTRIBUTING O THE DEATH. 19b. MAJOR FINE OF INJURY S	PREIMA PREIMA DINGS OF OPERATION (Homa, farm, factory, treet, office bldg., etc.) 21a. INJURY OCCUR	PARY TURI 21c RED 21	ATELEC	OCCUR? (Ci		Myers 1	20. A YES

BY JEOMETIAS HILLISTED VIEWERS STATE SMALVEAU

STREET, OF DEATH

HETTER OFFICE SATISFIES

BUREAU V. S.

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EEB 16 1929

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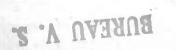
THE REAL PROPERTY AND ADDRESS OF THE PERSON and the second part being the charles and a second in the EEB S3 1829 Englishment of the Property of the State of

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// Frederick	Days	TOWN	Jefferson	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memori		STREET ADDRESS	(If rural give location) Gene Hemp Road	1
DECEASED: (Type or Print) ALMA	Middle) CULLER	(Last) GROSS	4. DATE (Month) () OF DEATH: February	Day) (Year) 1, 1956
5. SEX: 6. COLOR OR 7. SINGLE, MAIN RACE: WHEOWED. E (Specify): Mai	rried Novemb	per 9,1894	61 yrs. IF UNDER 1 Y	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if reconstruction)	ND OF BUSINESS R INDUSTRY: Home	Maryland	State or foreign country): 12.	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
Andrew Jacob Culle	er	Grace	A. Keller	
	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) NO	None	Mr. Homer C.	Gross, Jéfferson	, Maryland
	MEDICAL CERTIFICA	TION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEAD	DING TO DEATH			ONSET AND DEATH
092-X	Infection	us Henatitis.	probably viral in	2 wks.
DUE		origin	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	C WILD 9
ANTECEDENT CAUSE (S)		OYTETH		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ТО			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	Enile	psy, grand mal		15-20 yrs.
19A. DATE OF OPERATION: 19B. MAJOR FINE	DINGS OF OPERATIO	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLOOR CONTRIBUTING CAUSE OF DEATH OF INJ	ACE (Home, farm, fac URY street, office bldg.	etory, 21c. WHERE D	(County) (County)	ty) (State)
OF INJURY Wh	ile Not while work at work	D 21F. HOW DID II	NJURY OCCUR?	
22. I hereby certify that I attended the de	ceased from //a	3 , 1956, to 2	/, 1956, that I last	saw the deceased
alive on 3/1, 1956, and tha	t death occurred at	M, from th		stated above. re signed
23. BURIAL, CREMATION. DATE THEREOF	NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town, or	2 2/1/56 county) (State)
Burial Feb.3,1956	Reformed C	Cemetery	Wefferson, Mary	land
DATE REC'D BY LOCAL REGISTRAR'S SIG	NATURE	24. FUNERAL D	RECTOR son & Son, Frederi	address .ck, Maryland

Reg. Dist. No. 131

Frederick



LEB 3 1956

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1766 CERTIFICATE OF DEATH

01761

Reg. Dist. No. 13

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick		
CITY (Il outsida corporala limits, write RURAL LENGTH OF STAY	CITY (If outside corporate fimits, write RURAL and give nearest town)		
or and give nearest lown) Frederick [In_this plece] 3 days	Rural- Myersville		
HOSPITAL OR	STREET (If rurel give location)		
INSTITUTION OR STREET ADDRESS Prederick Memorial Hospital	ADDRESS		
3. NAME OF (First) (Middle)	Route # 1 (Lest) 4. DATE (Month) (Day) (Year)		
DECEASED	OF		
Tital y Tital Salot	ossnickel DEATH Feb. 23 1956		
RACE WIDOWED, DIVORCED,	March 1 B		
	. 22, 1901 54 yn.		
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
retired Housewife Own Home	Wolfsville, Fred. Co. Md. U.S.A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Albert Farsht	Lucy Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
(Yes, no, or unk.) (Il Yes, give wer or dates of service) none	H.A.Grossnickel, Myersville, Md.		
18. MEDICAL CER			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
442X IMMEDIATE CAUSE (A) Chronic Cardin	Vasadar Renal diseosi 10 grs		
ANTECEDENT CAUSE(S) DUE TO COS Pulmor	rale, Chr. Bronchiti		
STATING UNDERLYING CAUSE LAST. DUE TO Policy Cigithum	ua la		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
	YES NO V		
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, Iarm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY streat, ollice bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	211. HOW DID INJURY OCCUR?		
M. While Not while at work			
22. I hereby certify that I attended the deceased from	, 1954, to 74, to 1956, that I last saw the deceased		
alive on 10. 2. 2., 19.56, and that death occurred at	1.46 A.M from the causes and on the date stated above		
SIGNATURE //	ADDRESS (Street, city, town, stele) DATE SIGNED		
J.E. Harp Starp	Adleton 71-2417		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREO NAME OF CEMETERY OR	CREMATORY LOCATION (City, lown, or county) (Siete)		
Burial Feb. 26, 1956 Grossnick	rle's Nr. Myersville, Fred. Md.		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
DATE 25 Jeb. 1956 Elisabelle S. Heck	Paul F. Bittle Myersville, Md		

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THE CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1792 **CERTIFICATE OF DEATH** 2 HISHAL RESIDENCE (Where deceased lived. If institution; Residence before

01762 131 Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (M			nce before adn	nission)
o. COUNTY Frederick	MARYLAND	o. STATE Maryl	and b. c	OUNTY Fr	ederic	K
b. CTTY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN TIF	autside carporate limits.	write RURAL and	give nearest to	own)
XFrederick-Rural-R.D.#5	l Year	Frede	rick	1	11	
d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS I	RESIDENCE
Mt. Philip Road		131 Wa	ter Street			NO XX
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day	Year
(Type or print) MARY	ELIZABET	H HARRIS	DEATH F	bruary	24,	1956
S. SEX 6. COLOR OR RACE 7. MAR	RISO NEVER MARRIED	B. DATE OF BIRTH	9. AGE (1 lost bir	h years IF UNDER	R 1 YEAR IF UN	
Female White WIDOW	/ED DIXORCED	April 15, 18		yrs. Months	Days Hou	rs Min.
10o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign country)	12. CI	TIZEN OF WH	AT COUNTRY
Housework	Home	Marvl	and		USA	
13. FATHER'S NAME	1100	14. MOTHER'S MAIDEN				
J. O. Phelps		Louise	Carpenter			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Address	-	
(Yes, no. or unknown) (If yes, give wor or dates of service)	None Mr	s. T. J. L. W	iles Freder	ick.R.F.	D.#5.Ma	arvland
18. CAUSE OF DEATH Enter only one cause per I		0	4			BETWEEN
PART I. DEATH WAS CAUSED BY:	a colinal	02/			ONSET AT	ND DEATH
IMMEDIATE CAUSE (o)	- man	- Andrew	7.2		304	ays
2017	0,50	2 1			55	1
Canditians, if any, which gove rise to immediate (b)	viero-	seeme	ia.	-	19-2	a't
couse (a), stating the under-						
lying cause lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDIT	ON GIVEN IN PAI	RT 1(a) 19. WA PER	FORMED?
5					YES	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port II of item	18.)		4
Haur o. m. While		ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f. (City or town)	((County)	(Stote)
21. I certify that I attended the decea	sed from 1-6-2	2 1956 to 5	W.24	1956 that 1	last saw th	e decenter
alive an 72/- 24 . 19		accurred at 6:15				
unve unagenerate property (7)	, and mai deali	decorred de 12121	ADDRESS (Street, city of		me date sid	DATE SIGNED
ACTUAL BASE		Frederic	k. Maryland			2/25/56
SIGNATURE CALL TOTAL		M.D	3			-1
PHYSICIAN'S NAME (Type) Dr. B. O. Thomas	Sr.	North Ma	rket Stree	Freder	rick, M	aryland
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City	town, ar county)	(S	tate)
Burial Feb. 27, 1956	Mount Olivet	Cemetery	Frederic	k, Mary	rland	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	D BY REGISTRAR 24	. REGISTRAR'S SI	GNATURE	-11
M. R. Etchison & Son. Fr	ederick Mamy	and DATE 2	55ch. 1956	66.0.0	L H	2.4

		CERTIFICATE	to line	
		C)	1 .1.1-15	
	A considerable up.			
		10112-011	Dead November	
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	Assimilar server		BEACH COME IN IS	
	A Commence of the same		λ.	MARKO BU BIONO -
	A THE THE THE TANK A THE		AND SERVICE OF SERVICE	MAN MAN
	The same of the			
BUREAU V. S.			M by the Bullets	
BUREAIT	ed on our u Saldt on bir en som attenti	to the Private Heat Code		
EB 58 1070				
7				1
JAI DECEINA				

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ATTENDING PHYSICAL OR HOSPITAL: The law requires that the death certification copy may be retained by the hospital or attending physician. INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1767 CERTIFICATE OF DEATH

01763

			Reg. Dist	. No
1. PLACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF DECEASE	
COUNTY Frederick	MARYLAND	STATE Mayyla	nd county Fre	Jarick
CITY (If outside corporeta limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this pleca)	CITY (If outside comporate	limits, write RURAL and give need	rest town)
1 TOWN Fredevick	13 hours	TOWN DACK	n'1.	
HOSPITAL OR INSTITUTION OR	- / N N N N N N N N N N N N N N N N N N	STREET	(If rural give location)	
STREET ADDRESS P	in Harrital	ADDRESS	Rud	и 1
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
(Type or Print)	11.		OF DEATH	
5. SEX 6. COLOR OR 7. SINGLE, MARRI	ED, 8. DATE O	BIRTH	AGE lest birthday IF UNDER	1 YEAR DIF UNDER 24 HRS.
RACE WIDOWED, DIV	OKCED,	0 1000	Months	Days Hours Min.
CONT.	DOF BUSINESS	11. BIRTHPLACE (State or foreign of	by yrs.	
done during most of working life, aven if OR	INDUSTRY	DIKTOPLACE (State or toreign of	country) 12.	COUNTRY?
13. FATHER'S NAME	N HOME	Penna. He	JAMS COOL	Inited State
14/- 11		14. MOTHER'S MAIDEN NAM	AE 1///	
WILLIAN HANKEY		ITNN MAR	1A Wilhid	e
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no openk.) (If Yas, give wer or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT & ADD	RESS	, D. Mc
7/0	NOIVE	Elelyn It	+ HARAN - KOC	Ky Kider
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION /		INTERVAL BETWEEN
MMEDIATE CAUSE (A) COX	alral Hans	11cha a -		ONSEI AND DEATH
	Colar Fig. 110	TV Maye		
DISEASES OR CONDITIONS, IF ANY. (B)	setes Melli	445		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				
(C)				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 1 196. MAJOR FINDINGS				
198. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home	, farm, factory, 2	1c. WHERE DID INJURY OCCUR?	(City or town) (Count	YES NO (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	office bldg., etc.)		(COUNTY)	(21916)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. While	INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		
M. at wo				
22. I hereby certify that I attended the decea	sed from 2-/	19.56 10 2	- 2., 19. 5.6., that I	last saw the deceased
		12:50 AM, from the caus	es and on the date states	l shave
SIGNATURE			S (Street, city, town, stete)	DATE SIGNED
M. M. Jear	2 M.D.	- Freder	cho mel	2-2-56
23. BURIAL, CREMATION, PATE THEREOF	NAME OF CEMETERY OR	CREMATORY	OCATION (City, town, or county)	(Stete)
BUBIA1 3-4-56	() PAGE10	TONK (separatay n	y Frankin Ma
24. RECID BY REGISTRAR REGISTRAR'S SIGNATURE	11/1	25. FUNERAL DIRECTOR'S SIGN	NATURE	DDRESS
DATE Leb. 7, 1956 Clean bet	J. Heck	to Fremand	To Kenned	+ Prillagen L
			- CAN-	1 1000000000000000000000000000000000000

LITER CERTIFICATE OF DEATH Jun 6 182.1 PORKE Co. Swall miles Par Pens William Flour tronger - worky has BUREAU V. E. 9561 4 833 I. PLACE OF DEATH:

COUNTY Frederick

legibly. STATE Maryland MARYLAND CIPY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) 6 weeks TOWN R. F. D. # 4 - Nr. Feagaville Frederick - Rub and HOSPITAL OR (If rural give location) Hospital INSTITUTION OR ADDRESS STREET ADDRESS Frederick County Chronic R. F. D. clearly 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) DECEASED: LEE ANNIE HURT (Type or Print) DEATH: February death 5. SEX: 7. SINGLE, MARRIED. WIDOWED, DIVORCED, S. COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS. RACE: Months | Days | Hours (Specify): Married August 28, 1865 Female White 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT of INDUSTRY: work done during most of working life, even if retired): Housewife Virginia Own home causes 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: William Hurt Ellen Breedon 15 WAS DECRASED EVER IN U.S. ARMEO FORCES? 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY No.: | (Yes, no, or unk.) | (If Yes, give war or dates of write service) Mr. William Hurt - Rt. L. Frederick, Maryland No None MEDICAL CERTIFICATION - sclorotre Immediate cause DHE TO Antecedent causes (s) Physicians Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. important. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) SUICIDE OF office bldg., etc.) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED especially HOW DID INJURY OCCUR? While at Not While INJURY Work | At Work 22. I hereby certify that I attended the deceased from 2 10 1956, to Tuli, 1956, that I last saw the deceased 1956, and that death occurred at 8:25 P.M., from the causes and on the date stated above. alive on SIGNATURE (Degree or title) M 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) SE REMOVAL (Specify) Burial Feb. 14, 1956 St Paul's Lutheran 24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF 1793 Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED:

COUNTY Frederick

(Year)

COUNTRY?

USA

19 56

Interval Between Onset And Death

20. AUTOPSY ? Yes | No |

(STATE)

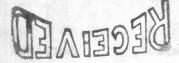
Maryland

(Day)

3 (49) 80 80 Frederick of world and A.F. H. F. H. F. Markeri Hospinal Hospinal A.F. H. F. Huddell Female Maite the Harried August 11, 1855 90 -House the Market of the strict making the baseline and

BUREAU V. S.

EEB 12 1820



U.S. dive Fire Frederick, Naryland

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

VS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1768 CERTIFICATE OF DEATH

01765

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Frederick MARYLA	ND STATE Md. COUNTY HOWARD
CITY (If outside corporate limits, write RURAL LENGTH OF OR and give neerest town) (in this plea	STAY CITY (If outside corporete limits, write RURAL and give nearest town)
// TOW Frederick	TOWN Ridgeville /3x-2
HOSPITAL OR	STREET (If rural give location)
69 STREET ADDRESS Product of Managed of Managed	ADDRESS
3. NAME OF (First) (Middle)	21Tall Maryland (Last) 4. DATE (Month) (Day) (Year)
DECEASED	OF
	8. DATE OF BIRTH 9. AGE lost birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Negro Widowed, Divorced,	57 YEARS JULY 23 13/8 Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	I1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
reiffbusewife 13. FATHER'S NAME	Maryland USA
	14. MOTHER 3 MAIDEN HAME
Hommer Gray	Blanche Lyles
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] (If Yes, give wer or detes of service)	ITY NO. 17. INFORMANT & ADDKESS
NO (1 11K.)	Charles Jackson, Ridgeville, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH A B. MEDI	
Sister of Continues birective teaching to state	nic 1/40 sitts
597 IMMEDIATE CAUSE (A)	11/20 0.1.2
ANTECEDENT CAUSE(S) DUE TO	Nomacian A
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	370-45-4
STATING UNDERLYING CAUSE LAST. (C)	mie Nashnitis
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING □ 21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., elc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Zic. With Did INJUNI OCCUR (City of fown) (County) (Siele)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURE While Not w	
M. et work et wo	
22. I hereby certify that I attended the deceased from	2 19 5 12, to 2 2 4, 19 50, that I last saw the deceased
	curred at A
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
110000	m.o. todorick N.d.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CE	METERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL SPECTY) Feb. 28, 56 Fri	endship Meth. Cem. Near Damascus, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE DO 1958 Clin. G. Recky	Francis H Barber, Taylonsvelle
2007	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

MARYLAND STATE DEPARTMENT OF HEALTH-BALLIMORE, TH

HEATINGATE OF DEATH

CARLEMAN ACCES VORDED MANAGER TACES IS

Charles , mondaet polyano

LEB 29 1956

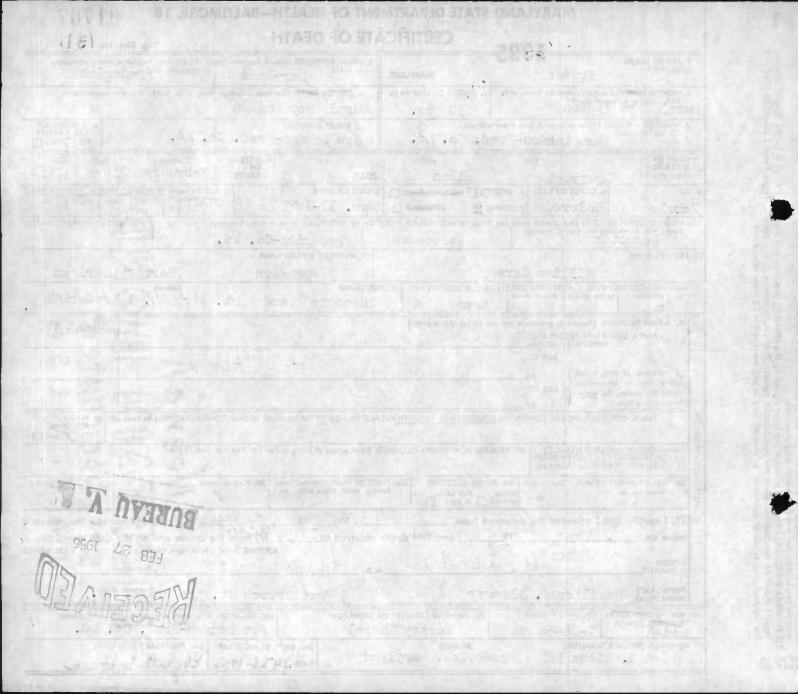
ab. 28, 56 Friendscho Math. Cem. Hest Damasous, 18,

	MARYLAND STATE DEPARTMEN 1794 CERTIFICATI	0 4. • •	3/
auses of death clearly and legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
of death clearly and legibly	county Frederick MARYLAND	STATE Maryland COUNTY Frederick	
	OR and give nearest town) (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CHARIF outside corporate limits, write RURAL and give nea	rest town)
	X TOWN Burkittsville Years	TOWN Burkittsville	X
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	/
F	O. 11111112 OI		Year)
	DECEASED: (Type or Print) JULIA AMANDA		956
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED 8. DATE WIDOWED, DWORCED, (Specify): Single August	Months Days Hours	Min.
1	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirousework Home	11. BIRTHPLACE (State or foreign country): 12. CITIZEN COUNTRY Maryland USA	OF WHAT
t	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
ı	Vincent S. Kepler	Annie Ausherman	
l	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of service) NO None	Mrs. Morris T. DeLauter, Burkittsville	Md.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 175 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	man of ovary c metastasis 7/3/	S.
ŀ	(c)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N 20. AU	NO XX
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County), etc. INJURY OCCUR?	(State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
l	22. I hereby certify that I attended the deceased from	20, 1955 to 2/16, 1956 that I last saw the	deceased
	SIGNATURE / 1 1 1	8:00P.M, from the causes and on the date stated ab ADDRESS DATE SIGNED ADD. Middletown, Maryland 2/17/19	
		ERY OR CREMATORY LOCATION (City, town, or county)	(State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 18 Jen. 1956 Elizabeth 4. Hech	M. R. Etchison & Son, Frederick, Ma	

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death. certificate PHYSICIAN: haspit HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01768

1	4 1769	Reg. Dist. No
7	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
1	COUNTY Frederick MARYLAND	STATE Maryland COUNTY (redor 1CK
ħ	CITY (It outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (In this place)	CITY (II outside comporate limits, write RURAL and give nearest town) OR
	11 TOWN Frederick Sdays	TOWN Thurmont X
	HOSPITAL OR INSTITUTION OR	STREET (Il rurel give location) ADDRESS
	STREET ADDRESS Frederick Memorial	Rural, R.D.2
	3. NAME OF (First) (Middla) DECEASED	(Last) 4. DATE (Month) (Dey) (Yeer)
	(Type or Print) I homas Joseph Mar	Shall DEATH 2 25 1956
	RACE WIDOWED, DIVORCED.	9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	M. W (Spacify) Married 6/	13/90 65 yrs.
- Ar	done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	relired) Laborer	Emmitsburg, Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	David A. Marshall	Mary Secrist
,	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS Thurmont, R.D.
1	Yes World War I 219-20-3583	Marshall 2, Md.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	443 IMMEDIATE CAUSE (A) Cerebral	Hemorrhage 10 days
	ANTECEDENT CAUSE(S) DUE TO HAPER terrsive	· Cardiallascular Dispute 54x5
	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	monia bilateral 3 days
0	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, factory, 21	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
i	OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	2Id. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Ville While Hork et work	THE HOW DID INJURY OCCUR?
ı	22. I hereby certify that I attended the deceased from 218	
	alive on	
10M	SIGNATURE)/	ADDRESS (Streat, city, town, stete) DATE SIGNED
1-55	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, town, or county) (State)
A15C 1-55	REMOVAL (SPECIFY)	
VS A	Burjaj Feb. 29, 1956 hurch of 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Brethren Rockey Ridge, Md.
	DATE B 29 1956 Chi. G. Heck	S. L. allaion Emmitsburg, Md.
1		S. L. Allison

MATCHAND STATE DIVASTRADIT OF HEALTH-BACTRADEE, 18

CERTIFICATE OF DEATH

BUREAU V. S.

FEB 29 1956

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completely and physician Me| requires that the attending pletached for by the hospital OR law I retained The executed DIRECTOR:

CERTIFICATE OF DEATH

Reg. Dist. No ... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND STATE COUNTY (If outside corporate limits, write RURAL end give nearest town (If outside corporete limits, LENGTH OF STAY SHAPE OR OR end give neerest town) (in this place) TOWN TOWN HOSPITAL OR STREET (If rurel give location) INSTITUTION OR **ADDRESS** STREET ADDRESS NAME OF (Last) DATE (Month) (Dey) (Yeer) DECEASED OF (Type or Print) DEATH 19 SEX COLOR OR SINGLE, MARRIED DATE OF BIRTH AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS 6. RACE WIDOWED, DIVORCED Months Deys Hours (Specify) 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. / BIRTHPLACE (State or foreign country) CITIZEN OF WHAT 12. done during most of working life, even if OR INDUSTRY COUNTRY? MOTHER'S MAIDEN NAME 13. FATHER'S NAME 16. SOCIAL SECURITY NO WAS DECEASED FORCES 17. INFORMANT & ADDRESS (If Yes, give wer or dates of service) (Yes, no, or unk.) MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19e. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION AUX OPSY 20. YES W NO 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work et work 22. I hereby certify that I attended the deceased from 2/ 5.6, 19 , to 2 192.6...., that I last saw the deceased alive on.... ADDRESS (Stylet, city, town, stete) 10M M.D. NAME OF CEMETERY BURIAL, CREMATI DATE THEREOF OR LOCATION (City, town, or county) A15C REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

SE SPENDE STATE DEPARTMENT OF REALTH-BALTINORS IN

CERTIFICATE OF DEATH

Mana,

BUREAU V. E

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DECENALL

wat I Williams

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
4 80					

YLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMO	RE,	18	01770
1796	CEF	RTIFICATE	OF	HEALTH—BALTIMO DEATH	Reg.	Dist.	No. 139

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED;			
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Cit	у			
CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits, write RURAL CITY (In this place of the corporate limits, write RURAL (In this place of the corporate limits, write RURAL (In this place of the corporate limits, write RURAL (In this place of the corporate limits, write RURAL (In this place of the corporate limits, write RURAL (In this place of the corporate limits, write RURAL (In this place of the corporate limits, write RURAL (In this place of the corporate limits, write RURAL (In this place of the corporate limits, write RURAL (In this place of the corporate limits, write RURAL (In this place of the corporate limits, write RURAL (In this place of the corporate limits, write RURAL (In this place of the corporate limits) (In	CITY(If outside corporate limits, write RURAL	and give nearest town)			
HOSPITAL OR INSTITUTION OR Victor Cullen State Hospi	tal STREET (If rural give location and state of the state)			
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Harry C.	Morgan OF DEATH: February				
Male White (Specify): Widowed De	c. 4, 1892 63 yrs.	Days Hours Min.			
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman OB. KIND OF BUSINES OR INDUSTRY: Salesman	Pennsylvania U	COUNTRY?			
13. FATHER'S NAME: John Morgan	Mary Higgins				
15. Was Deceased Ever in U.S. Armeo Forces: (Yes, no, or unk.) (If Yes, give war or dates No 208-09-8149	Deceased.				
18. MEDICAL CERTIF I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TICATION	INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE (8) IMMEDIATE CAUSE (8) OUE TO	ry Tuberculosis	2 years.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPER.	ATION	20. AUTOPSY? YES NO K			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	n, factory, bldg., etc. 21c. WHERE DID (City or town) (Cou	nty) (State)			
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work 21F. HOW DID INJURY OCCUR? While Not while at work 21F. HOW DID INJURY OCCUR? In How DID INJURY OCCUR? While at work 21F. HOW DID INJURY OCCUR? While at work 21F. HOW DID INJURY OCCUR? In How DID INJURY OCCUR? While at work 21F. HOW DID INJURY OCCUR?					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 2/4/56	B. A. Freebury, Houtzdale, Pa	ADDRESS			

BUREAU V. E.

9961 L 833

DECENTED

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02869

1797

CERTIFICATE OF DEATH

Reg. Dist. No. /38

1. PLACE OF DEAT COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland Frederick				
CITY (If outside of OR give neares TOWN TUTAL	t town to Airy	AL and LENGTH OF STAY		ate limits, write RURA - Mt. Airy	L and give nearest town)		
HOSPITAL OR INSTITUTION O STREET ADDRE			STREET ADDRESS	(If rural, give lo	cation)		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mo	nth) (Day) (Year)		
DECEASED (Type or Print)	ALICE	V. M	YERS	OF DEATH Tel	may 20 156		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year If under 24 hra.		
female	colored	WIDOWED DIVORCED, (SpecifyW100Wed	8-7-1874	81 yrs.	Months. Days Hours Min.		
done during most of hOUSEV	PATION (Give kind of work coricing life, even if retired)	INDUSTRY OME	Maryland	or foreign country)	COPINION?		
13. FATHER'S NAM			14. MOTHER'S MAIDEN				
	Rod Dor	rs g y	Jemima W	ilson			
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates of service)	? 16. SOCIAL SECURITY NO.	George Tyler		y,Md.		
I. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH		
420 Immediat	te cause (a)	arterioscle	ratic Heart	Disease	severalyear		
	nt cause(s)						
		Generalizet	a tering	a cario	Several.		
giving rise t	conditions, if any, (b) to the above cause underlying cause last			**************************************	700		
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	h.					
		FINDINGS OF OPERATION			1 20. AUTOPSYT		
					Yes No No		
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR T	TOWN) (C	OUNTY) (STATE)		
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
		e deceased from Nov	1955 to Febru	easy 1956 that	I lost som the January 1		
A -				7			
alive on 166 SIGNATURE	mary 2,019 5 6, an	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the	date stated above. DATE SIGNED		
was	Culwell	o mD.	mit. Ciry,	naryland	Jebruary 29 1956		
23. BURIAL, CREM REMOVAL TSP	city) 3-3-195		n	Carroll Co	or county) (State), Maryland		
DATE REC'D BY	LOCAL RECISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS		
Mar 2 - 1	956 Lucian	Kitalconec	C. M. Waltz	Winfiel	d. Md.		

BUREAU V.

DECEDVED MAR 13 1956

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0177

1	771	CERTIFICATE	OF	DEATH
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Reg. Dist. No. 131

	CE Dist. No.					
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:					
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick					
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	ortalif outside corporate limits, write RURAL and give nearest town)					
OR and give nearest town) (in this place) // Frederick	Town Union Bridge-Rural RD#1					
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA Frederick Memorial Hospit	al Near Libertytown					
	(Last) 4. DATE (Month) (Day) (Year)					
(Type or Print) GROVER MCCOLLIN NA	SH, SR. OF DEATH: February 2, 19 56					
PACE: WIDOWED DIVORCET	of BIRTH: 9. AGE last birthday IF UNDER 1 YEAR 1F UNDER 24 HRS. Hours Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Farmer 10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
George Nash	Mary Waltz					
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:					
(Yes, no, or unk.) (If Yes, give war or dates None	Mrs. Ruby G. Nash, RD#1, Union Bridge, Md.					
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	us to Ziver.					
DISEASE OR CONDITION CAUSING DEATH						
2	20. AUTOPSY? YES NO					
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, faction CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?					
OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?					
alive on Fil 2 , 1956, and that death occurred at SIGNATURE A. Teaste M.						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR HOLE, 1956 Chalutto S. Helb	M. R. Etchison & Son, Frederick, Maryland					

VS. A15 - 10 -



BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1772

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

7.00%						
1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED					
Jredenie MARYLAND	STATE Maryland COUNTY Frederick					
CITY (If outside corporete limits, write RURAL and LENGTH OF STAY	OR CITY (II outside corporate limits, write RURAL and give nearest town)					
OR give nearest town) Frederick (b theartse)	Town Frederick //					
HOSPITAL OR INSTITUTION OR OOF TI 1 O 33	STREET (If rural, give location)					
STREET ADDRESS 205 West College Terrace	ADDRESS 205 West College Terrace					
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)					
(Type or Print) Transia Hudson	OXX DEATH FEbruar 15 1956					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under Lyear Il under 24 hrs					
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Sut. 13, 1898 57 vrs. Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT					
done during most of working life even if retired) INDUSTRY CO.	Rhode Island COUNTRY? USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Daniel Oxx	Elizabeth Holt					
	17. INFORMANT 205 West Gollege Ter.,					
15. WAS DECRASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (II yes, give war, or dates of 556-46-5312	Mrs. Marie Louise Oxx, Frederick, Maryland					
18. MEDICAL CE						
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN					
	ONSET AND DEATH					
Immediate cause (a) Coronary	thrombosia 10 mints					
Ammodiate cause	100 100 100 100 100 100 100 100 100 100					
Antecedent cause(s)						
Diseases or conditions, if any, (b)	**************************************					
stating the underlying cause last						
(c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not						
related to the discess or condition causing death.						
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
	Yes No 2					
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)					
CAUSE OF DEATH. INJURY						
TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?					
OF While at Nnt while INJURY m. work at work						
22. I certify that I took charge of the remains described above, held an A	Autopsy . Inspection . Inquiry thereon and from the evidence					
	eased died on the day stated above, and death in my opinion resulted					
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	ADDRESS DATE SIGNED					
SIGNATURE (Degree of vice)	ADDINESS PRACTICAL DATE SIGNED					
BOHOMAS MO Steput	medical Edanner 4/656					
23. BURIAL, GREMATION DATE THEREOF NAME OF CEMET	TRY OR CREMATORY LOCATION (City, town, or county) (State)					
BEMOVAL (Spec(fv)	tional Gemetery Arlington, Virginia					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS					
INREGO 1951 Eli DAT LA HOL	M. R. Etchison & Son, Frederick, Maryland					
11 de 170 0 1 Charles J. Their	1 Don't d Don's Trederick, Maryland					
\\						

BUREAU V. S.

LEB SO 1020

BECEINED

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within 24 hours after death. Page 4

01773

1773

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH o. COUNTY	א אם די מינו מינוים		MARY		2. USUAL RESIDER	ARYL.		lived. If institution b. COUNTY		nce befo		ion)
1 000 00 0000	FREDERICK	1										
RURAL ond give no	f outside corporate limi arest town) CK	is, write	40 years	IN 16	FREDE		utside corpor	ote limits, write R	URAL ond	give ne	arest lowe	1)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	jive street o			d. STREET ADD	DRESS				1	e. IS RES	IDENCE
	E. SEVENTH	ST.			214 B	SEVE	NTH ST	•				FARM?
3. NAME OF DECEASED	Fi	st	Middle		Last	1100	4. DATE	Mon	ith	Do	ıγ	Yeor
(Type or print)	EDI'	PH	ELIZA	BETH	PORTE	R	OF DEATH	FEE	3,	2	5	1956
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D 🔲 8.	DATE OF BIRTH			9. AGE (In years lost birthdoy)				R 24 HRS.
FEMALE	WHITE	WIDOWE	DIVORCE	D	APRIL 1	st :	1888	67 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work ing life, even if retired	done 10b. I	CIND OF BUSINESS O	R INDUST			or foreign co	untry)				COUNTRY
HOUSE	WIFE	OV	VN HOME		M ARY.	LAND				U.S.	A.	
13. FATHER'S NAME					14. MOTHER'S M	AIDEN N	AME					
CHAR	LES EDWARD	EYLE	ER		MARY :	ELIZA	ABETH	DINTERMA	N			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO.	. 17. INI	FORMANT	77.5		Add	ress	108		
(Yes, no. or unknown)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			H	OWARD A.	PORTI	ER	214 B.S	EVEN	TH S	T.	
STATE OF A CCIDENT WA	mmediote the under- der SIGNIFICANT CON	DITIONS CO							'EN IN PAI	RT 1(0) 1	PERFC	AUTOPSY RMED? NO
OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING DOBESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING DO AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	ar 20d. IN While of work	_ Not while _	20e. PLAC facto	E OF INJURY (Hoory, street, office b	me, form, ildg., etc.)	20f. (City	or town)		(County)		(Stote)
21. I certify the alive on Actual SIGNATURE PHYSICIAN'S NAME (Type)	ACTUAL SIGNATURE M.D. ADDRESS (Street, city optown, stote) PHYSICIAN'S J. H. MESSLER											
220. BURIAL, CREMATION REMOVAL (Specify)		956	22c. NAME OF CEME	1/	CREMATORY			ON (City, town, o		MAT	(Stot	
23. FUNERAL DIRECTOR		-	ADDRESS			4o. REC'D	BY REGISTR	The second second			RYLAN	
1 Sil	Lowno	n	WALKERS	VILLI	I dw s	ATE 2	M D I.	000	leto.	4 5	200	b

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed may be retained by the hospi VS A15 (4) 15M 9/55 Elmine in . . . BUREAU V. S. ofter deoth.

certificate

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Judy Townson Strangers Clerk A Chair T. Th.

BUREAU V. S.

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9261 9 8AM

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information

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TYPE

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please

Physicians:

clearly

death 40

3. NAME OF



DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION:

21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory,

OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

21E INJURY OCCURRED at work at work

OF INJURY

22. I hereby certify that I attended the deceased from /- /5, 1956, to 2-//, 1956 that I last saw the deceased

alive on 2 1, 19 6, and that death occurred at 8:10P M, from the causes and on the date stated above. SIGNATURE

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF Feb.14.1956

NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Mount Olivet Cemetery

21c. WHERE DID (City or town)

Frederick, Maryland

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

Frederick, Maryland

YES [

DATE SIGNED

(State)

(State)

(County)

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland

BUREAU V. S.

FEB 15 1956

DECENTED

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01776

Reg. Dist. No. 14/

USUAL RESIDENCE (HOME) OF DECEASED

- 1	COUNTY FREDERICK	MARYLAND	STATE MARIL		COUNTY FREDI		\		
	CITY (It outside corporate limits, write RURAL	LENGTH OF STAY (In this place)	CITY (It outside comp	orate limits, writ	e RURAL and give near	est town)			
	OR and give naarast town) // TOWN FREDERICK	5 DAYS	TOWNS A	SWICK			3	5	
	HOSPITAL OR INSTITUTION OR		STREET ADDRESS		(If rural give location)		-)		
	STREET ADDRESS FREDERICK MEMOR	LAL HOSPITAL	601	WEST	POTOMAC	STRE	EET		
	3. NAME OF (First) (Middle) (Lest) 4. DATE (Month) OF								
	(F D ' 1)	USCOE RO	CKWELL	DE	TH FEBRUAR	45	19 5	6	
	5. SEX 6. COLOR OR 7. SINGLE, MARRIE RACE WIDOWED, DIVO	D, 8. DATE O	F BIRTH	9. AGE last b			IF UNDER 24		
	MALE WHITE (Specify) MAR	RIED 6-	5-1895	100	yrs. Months	Deys	Hours	Min.	
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND	O OF BUSINESS	11. BIRTHPLACE (State or for	eign country)	12	COUNT	OF WHAT		
9		TAC EDISON	WEST UIS	2 GINIA			S.A.		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN						
	WILLIAM A.	ROCKWELL SOCIAL SECURITY NO.	MARY	WIDML	YER WID	mul	ER		
		SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS		-			
1	(Yes, no, or unk.) (If Yes, give wer of detector service)	14-10-4258	- DORRIS F	WIH RO	CKWELL	DRU	NSWI	CK	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION				VAL BETWEE		
		ERIU DOLE NOTE						_	
DISEASES OR CONDITIONS, IF ANY, (B) CONGESTIVE HEART FAILURE									
	STATING UNDERLYING CAUSE LAST. DUE TO								
	(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							_	
	TO THE DEATH BUT NOT RELATED TO THE	NCHIAL PNE	UMONIA						
	19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF		W/11010171			20.	AUTOPSY?	-	
0						YES	NO [
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		1c. WHERE DID INJURY OCCU	JR? (City or to	vn) (Coun	ty)	(State)		
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while								
	22. I hereby certify that I attended the decease		105/2 10/201	3 5	10 5 /- 45-11	last se	abo do		
								ased	
2	alive on FER 5 19 5 19 and	inai deain occurred ai.	ADE	RESS (Stree	on the date state:), city, town, state)		ATE SIGN	NED	
5 10M	a. a. Class	3 2 M.D.	A FACT CHAI	2CH ST.	FREDERICK	mi	2/5/5	6	
A15C 1-55	23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	HEAST CHUI				(Stat		
A15(Rurial 2-7-1956	Green way			ley Sprir	igs,	v.va.		
VS.	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	The way				ADDRESS			
	DATE 2 - 8 - 56 Eugenis	Mr. Burke	C.H.Feete	and B:	ro. Bruns	swicl	k, Md.		

THAT PLANT STATE CERAPTORISM OF BRAITIS-EALTHORS, TO

CERTIFICATE OF DEATH

March Sold world

THE CONTRACT OF THE PARTY OF TH

BUREAU V. S.

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9961 6 834

are Sow

- 14 M.

a friend

TO ATTENDING PHYSICAM OR HOSPITAL: The law requires that the death certific.

The bottom copy may be retained by the hospital or attending physician.

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1799 CERTIFICATE OF DEATH

	2. USUAL RESIDENCE (
	MAKED YI, HAL	COUNTY FOF	ACD.
LENGTH OF STAY	CITY (if outside corporate lim	COUNTY FF	town)
VEARS	TOWN IINION	BRIDGI	-
	STREET ADDRESS	(If rural give location)	
(Middle)	(Last) RURF	DATE (Month) (Day)
ITHER	SAYLOR	DEATH FEB	16
ARRIED, 8. D	ATE OF BIRTH 9. AG		YEAR IF UN
IED 12	122/1894	Y / Yrs.	CITIZEN OF
OR INDUSTRY	MAAG VI A	1. 1 1	COUNTRY?
IN EIN I JUS	14. MOTHER'S MAIDEN NAME	N. U.	0,
17	EL. IZABETI	4 SNYDE	ER
16. SOCIAL SECURITY N	O. 17. INFORMANT & ADDRES		
NONI-	SOPILIE R.SA	MOIND STORY	BR./
	(a) Para una		ONSET A
12 ON WAT	1) STUNINY	mai	06
		The state of the s	
GS OF OPERATION			20. AU
			YES
fome, farm, factory, et, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (Cit	y or town) (County) (
21a. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?		
at work at work		15- 61	
	19. (19		
ind that death occurre	ADDRESS		DATE
	(Middle) (Middle) (Middle) (RRIED, B. DIVORCED, S. DIV	(Middle) (Middle) (Middle) (Middle) (Last) STREET ADDRESS (Middle) (Last) A. A. A. A. A. A. A. A. A. A	(In this place) TOWN STREET ADDRESS (Middle) (Last) (Middle) (Last) (Last) (A. DATE (Month) OF DEATH DEATH DEATH Months IV BIRTHPLACE (State or foreign country) 12. 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 19. AGE last birthday 11. INFORMANT & ADDRESS 19. SAYLAGE (City or town) (Country) 19. INJURY OCCURRED While Street Not while Street No

HYDO DE STELLATE OF DEATH

F. 3. 11 32

11-036-40 615-01

2 -301 88 100 VIII

VIN 5 (1)

SET THE

MANIE WIGHTE AND REVEN PAIR STATE STATE

SETIRED GEMENTRANT MARYLAND U.S.

BENJAMIN SAYLOR ELIZABETH SNYDER

MONE SOPHIE RSAYLOR UNION BRIDGE

BULERU V. S.

EEB SO 1820

DECENACIO

BUR. A C 2/19/SE MOUNTAIN VIEW CEM. UNION BRIDGE, IMO.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1) 1778

1890 CERTIFICATE	\mathbf{OF}	DEATH
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Reg. Dist. No. 14-5 I. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: Frederick Frederick STATE Maryland COUNTY MARYLAND CITY (If outside corporate limits, write RURAL| LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) (in this place) OR TOWN 55yrs. Mversville Mversville HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF 4. DATE (First) (Middie) (Month) (DRV) (Year) (Last) DECEASED: SHEPLEY BESSIE MAY Feb. 6 (Type or Print) DEATH: 5. SEX: COLOR OR 8. DATE OF BIRTII: 7. SINGLE, MARRIED. 9. AGE iast birthday: If UNDER 1 YEAR | iF UNDER 24 HRS RACE: WIDOWED, DIVORCED Months Days Hours 80 female white (Specify) Widowed May 29, 1875 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR | II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired HOUSEW11e INDUSTRY: Nr. Middletown. own home Md. 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Amanda Cramer Isiah Butts 15 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of service) D.C. Shepley. Myersville. Md. no none 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ? Yes No PLACE (Home, farm, factory, street, 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE office bidg., etc.) HOMICIDE TIME (Month) (Day) (Year) (Hour INJURY OCCURED HOW DID INJURY OCCUR? While at Not While INJURY Work [At Work 22. I hereby certify that I attended the deceased from .19.5.6., to ..., 19 , that I last saw the deceased alive on x from the causes and on the date stated above. and that death occurred at SIGNATURE DATE SIGNED (Degree or title) ADDRESS BURIAL, CREMATION. THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) Feb. IS 956 Lutheran Buria Mversvi Fred REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL FUNERAL DIRECTOR REGISTRAR

Paul F. Bittle, Myersville, Md.

SE

PLEA:



INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1776

77 Reg. Dist. No....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Fre	donick
CITY (II outside corporate limits, write RURAL LENGTH OF STAY	enty (If outside corporete limits, write RURAL end give ne	arest town)
OR end give neerest town) (in this place)		
The certical logs arrived	TOWN RUYEL - Frederick	K X
HOSPITAL OR INSTITUTION OR	STREET (If rure) give location	
STREET ADDRESS Frederick Memorial Hospital	ADDRESS Routel- Old Annie 170	lis Road.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Typa or Print)	05	
Annie	Stitely DEATH Februa	ry 13 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIWORCED,		R 1 YEAR IF UNDER 24 HRS.
Female white Specify, Jowed June	26,1866 89 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS		CITIZEN OF MULAY
dona during most of working life, avan if OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
rollred) Housewife Home	Mery land	4.5
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Fogle	SEREPTIA ANN WETZ	EL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yas, give wer or dates of service)	MIVET: F SMITH LIBER	TYTAMIN
	MYRTIE SMITH - LIBER	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
500 X IMMEDIATE CAUSE IN Intestinal	Tlaus	1 1
IMMEDIATE CAUSE (A) IN JESTING	2160)	4 0245
ANTECEDENT CAUSE(S) DUE TO		1
DISEASES OR CONDITIONS, IF ANY, (B) Acute brown	Chitis	2 weeks
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1. 1	,
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Ay teriosche	rotic Heart Disease	Several year
19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
The state of the s		YES NO NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (Cou	
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., atc.)	The witter pip indows occurs (City or fown)	inty) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
While Not while	211. NOW DID INJUNI OCCUR!	
M. at work		
22. I hereby certify that I attended the deceased from Feb. y 5	ary 1952 to February 1956 that	last saw the deceased
alive on Fe b. 13 1056 and that double accounted a	12 MONN 5 1	1 1031 3041 1110 (10(00)00)
alive on F. D. 13 , 1954 , and that death occurred a	I	
	ADDRESS (Street, city, town, state)	DATE SIGNED
W.B. Culwell M.D.	mi any ma	2/15/56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or count	y) (State)
D 12 1 19/10/ 15/10 MAIL	VT LIBERTYTI	201 A/ M/1
DUKIAL 19/18/36 PHIN/1100/	25. FUNERAL DIRECTOR'S SIGNATURE	WIN 110
ALCO DI REGISTARA S SIGNATURE	10 110 - 10	LIBERTY TOM
DATE 1820, 1956 Elisabeth 4 Hech.	POWELL THARTZLER	m/ Na 11/1/010

LARVIAGO STATE DEPARTMENT OF PEACH CHAIVEAUE, 18

CERTIFICATE OSIDEATH

RURERU V. E.

FEB 20 1956

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH In parties of the contract of The first State of the second decimal and the second of the second of the second of tely emit placement molt beet each

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1802 CERTIFICATE OF DEATH

RE,	18	0	1	7	82
Reg.	Dist.	No.	1	4	4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Frederick MARYLAND	STATE MERY ON COUNTY Fre	derick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	
OR and give nearest town) (in this place)	OR TOWN - hit his all	Y
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS Blue Ridge	Flue
3. NAME OF (First) (Middle)		Day) (Year)
DECEASED: (Type or Print) James G. S.	OF M	1956
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED.		
Male white (Specify) Hidowed Hugusi	1 15, 1881 24 yrs. 5	Pays Hours Min.
IOA. USUAL OCCUPATION (Give kind of NOB. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired) Laborer Ox Fibre Brush Co.	U.SA Maryland	1517.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Denry Sulcer	Catherine Hale	
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
of service) 9/3-/8-0859	Horence Eckenrode	1 hurmont
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A)	al Howar Luge	2 deys
ANTECEDENT CAUSE (S:	07.05.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(brens scherone	3 m.
STATING UNDERLYING CAUSE LAST. DUE TO	- 0 01	0
(C) (9) on to	I Hypertensian	Bynn
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	01	0
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0		YES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, fact OF INJURY street, office bldg.,		ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	30 1956 to d. land 19 Se that I last	saw the deceased
alive on + 1 , 19 5 and that death occurred at		
SIGNATURE		re signed
Myses of Grand M	1. D. Thurmant Ind. 2.	12/56
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, of	county) (State)
Buria Feb 4, 1956 Blue R.	due Cem Thurment	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH-SALTIMORE, TO

1883 CERTIFICATE OF DEATH

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death. 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Frederick c. SFF OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO TO Month Day Year 22, 19 56 February 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours yrs. 12. CITIZEN OF WHAT COUNTRY? USA Address Buckeystown. INTERVAL BETWEEN ONSET AND DEATH infaction Sudden PERFORMED? YES NO (County) (Stole) 19 55 to 2 - 2 2 19 56 that I last saw the deceased ADDRESS (Street, city or town, stote) DATE SIGNED

and that death occurred at 12:05AM, from the causes and on the date stated above.

East Church Street, Frederick, Maryland

22d. LOCATION (City, town, or county) (Stote) Maryland

M. R. Etchison & Son.

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: COUNTY Frederick

MARYLAND

Since 12/55

CITY (If outside corporate limits, write RURAL) LENGTH OF STAY

and give nearest town)

Frederick

STATE Maryland

Baltimore

COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) possinomos of secon no 1 il son

BUREAU V. S.

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THE STORYTHAN - RELATE OF THEMYS ARES STATE CHARTERAN CERTIFICATE OF DEATH The sale was I DESTRUCT THE REAL PROPERTY OF THE PER BUREAU V. S. LEB 177 1955 which we want to the first of the last of the DIGGET WITH WE DE BELLE THE WITH THE BUILD IN 1426.18 18 Elin better Head Mastitle Montham Direction

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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17	180	CERTIFIC	:AT	E OF DEATH	1		Reg. Dis	t. No.	131
1. PLACE OF DEATH o. COUNTY Frederick		MARYLAND	11	USUAL RESIDENCE (Who o. STATE	ere deceased I	ived. If institution b. COUNTY		e before od	
b. CITY OR TOWN (If outside carpord RURAL and give nearest town) // Frederick	ote limits, write	c. LENGTH OF STAY IN 18		c. CITY OR TOWN (If or Fre	ederick		URAL ond g	ive nearest	lown)
d. NAME OF HOSPITAL (If not in hose or institution G Frederick Memo				d. STREET ADDRESS 513 Le	e PLac	(e	1	0	RESIDENCE N A FARM?
	First ERNARD	Middle ALOUSU	15	INKE OS!	4. DATE OF DEATH	Mon Febr		Doy 29,	Year 1956
Male White	WIDOW		Jı	ate of 818th une 7, 1890		AGE (In years lost birthdoy) 65 yrs.		YEAR IF U	NDER 24 HRS. urs Min.
100. USUAL OCCUPATION (Give kind of during most of working life, even if Used Car Dealer	work done 10b. retired)	KIND OF BUSINESS OR INC		Marylar	nd	ntry)	12. CITI	USA	HAT COUNTRY
		oseph Winke	91		totalis 1	Mary E.	Wal	tz	
15. WAS DECEASED EVER IN U. S. ARME (Yes, no. or unknown) (If yes, give war or or No				rmant . Kitty Harl	Low, 51	3 Lee P rederic	lace k, Mar	yland	
Conditions, if any, which gove rise to immediate	D BY:	refor (o), (b), and (c).] Sinderice Sic	ed.	Paretir				INTERVA ONSET A	L BETWEEN NO DEATH
Codes (o), stoting the under lying couse lost. Part II. OTHER SIGNIFICAN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	enitor	(1.	-426	was affe	an Ci	~	EN IN PART	PE	AS AUTOPSY REFORMED?
20c. TIME OF INJURY Month, De Hour e. m. p. m.	y, Year 20d. II While of wor	_ Not while _	PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.)	20f. (City o	r town)	(C	ounty)	(Stote)
21. I certify that I attende alive on	034	ed fram 2 el-1 , and that dea			M, fram ADDRESS (Street	et, city or town, eet, Fr	ederic	e date si	dated obove DATE SIGNED TYLAND
220. BURIAL, CREMATION, 22b. DATE		Mount Olive		EMATORY	22d. LOCATIO	derick,	or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison &	Son, Fr	ADDRESS rederick, Mar	ylar		BY REGISTRA	R 246 REGIS	STRAR'S SIG	NATURE	e ch

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14 Serreson A sell to 18 lots JEST 9 RAM S. J. Manian Long Trade in S. Harris and J. H. 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No e. IS RESIDENCE ON A FARM? YES NO IX Month Day Year February 18 56 19 IF UNDER I YEAR IF UNDER 24 HRS. Months yrs. 12. CITIZEN OF WHAT COUNTRY? USA Address INTERVAL BETWEEN ONSET AND DEATH 8 hours vears PERFORMED? YES NOTE (County) (Stole)

DATE SIGNED

18 Feb 1956

(Stote)

Canal det Contactor . S. C. Transport . December 1981. Sec. BUREAU V. S. A The Colored British with the first the first profit of the colored to the color 9961 18 834 Date Late & Date Freehold of the Literal

A		LACE OF DEATH LOUNTY	rederick		MA	RYLAND	2. USUAL RESIDENCE O. STATE	(Where decease	ed lived. If instit b. COUN	ITY -	ence befor		m)
0	b X	RURAL and give n	If outside corporate limit egrest tawn) efferson	ts, write	c. LENGTH OF ST	AY IN 16	c. OFFOR TOWN	Jeffers		e RURAL one	d give nea	rest town)	
	02	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRE	SS			/	ON A F	FARM?
		NAME OF DECEASED Type or print)	Fic HARR		Mid WE:	dle SLEY	Lost WISE	4. DATE OF DEATH		onth hruar	y 28		956
	_	Male	White	WIDOWE		CED	September				Days	Hours	Min.
1	10a.	. USUAL OCCUPATI during most of wor Garage Op	ON (Give kind of work of king life, even if retired) erator	ione 10b.	Owner	S OR INDUS	Ma	ryland	country)	12. (USA	F WHAT C	COUNT
			Menry C. Wis					en name a Sparro	W.	digital digital	VIII.		ď
X		WAS DECEASED EVE	ER IN U. S. ARMED FOR (If yes, give wor or dates of so NO	CES? 16.	SOCIAL SECURITY		oformant ss Lettie :	. Wise,		ddress	aryla	ind	
		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		Foron	(c).]	1000	Type	in		01/5	RVAL BETY	
0	ATION	Conditions, if a gove rise to couse (o), stoting lying couse lost.	IMMEDIATE CAUSE (o DUE TO Dry, which immediate DUE TO	2	Reps	iles	tis CT ma /s NOT RELATED TO THE	roms estar rerminal Disea	In the SE CONDITION OF	CALLAGO	Tu ji	lln ink . WAS AL PERFOR	Lin UTOPSY MED?
0		Conditions, if c gove rise to couse (o), storing lying couse lost.	DUE TO DUE TO Ony, which immediate the under- (c)	DITIONS C	Refore CONTRIBUTING TO	de de la deservación dela deservación de la deservación de la deservación de la deservación dela deservación de la deservación de la deservación de la deservación dela deservación de la deservación de la deservación de la deservación dela dela dela dela dela dela dela dela	NOT RELATED TO THE			GIVEN IN PA	Tu ji	lln int	Lin UTOPSY MED?
0	L CERTIFI	Conditions, if c gove rise to couse (o), storing lying couse lost.	IMMEDIATE CAUSE (o DUE TO Ony, which immediate the under- CHER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS C	CONTRIBUTING TO	DEATH BUT		ry in Port I or Pa	rt II of item 18.)	GIVEN IN PA	Tu ji	lln ink . WAS AL PERFOR	UTOPSY NO D
0	CAL CERTIFI	Conditions, if of gove rise to coves (o), storing lying couse lost. PART II. OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o.m., p. m.	IMMEDIATE CAUSE (o DUE TO Ony, which immediate the under- HER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yee	DITIONS C	CONTRIBUTING TO CONTRIBUTING CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING CONTR	DEATH BUT OCCURRED 20e. PLA foc	D. (Enter nature of inju	form, 20f. (Cil	y or town)	that s ond on	(County)	WAS AL PERFORI	UTOPSY MED? NO State
0	MEDICAL CERTIFI	Conditions, if a gove rise to cotse (o), stoting lying couse lost. PART II. OT 20c. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m. 21. I certify to olive on	IMMEDIATE CAUSE (o DUE TO Ony, which immediate the under the under AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yes 19 hat lattended the	20b. DESC 20b. DESC ar 20d. If While of work	CONTRIBUTING TO CONTRIBUTING CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING CONTRIBUTING TO CONTRIBUTING CONTRIBUTING TO CONTRIBUTING CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING CONTRIBUTING TO CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBU	DEATH BUT OCCURRED 20e. PLA foc	ACE OF INJURY (Home loty, street, office bldg	form, 20f. (Cil	y or town) y or town) m the cause:	that s ond on	(County) I lost sa the dat	WAS ALL PERFORMANCE OF THE PERFO	WITOPSY NO STATE S
0	MEDICAL CERTIFI	Conditions, if a gove rise to cotse (o), stoting lying couse lost. PART II. OT 20c. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m. 21. I certify to olive on	IMMEDIATE CAUSE (o DUE TO Duy, which the under the under Construction AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER RY Month, Day, Yea That lattended the Dr. Carltor Dr. Carltor Dr. J. 22b. DATE THEREO	20b. DESC 20b. DESC ar 20d. If While of work	CONTRIBUTING TO CONTRIBUTING CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING CONTRIBUTING TO CONTRIBUTING CONTRIBUTING TO CONTRIBUTING CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING CONTRIBUTING TO CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBU	DEATH BUT OCCURRED 20e. PLA foc	O. (Enter nature of injunction). (Enter nature of injunction). (E OF INJURY (Home loty, street, office bldg occurred at 14 M.D. 40 J	farm, 20f. (Cil., etc.) A.M., fro ADDRESS (I	y or town) y or town) m the cause:	that s ond on state of the stat	(County) I lost sa the date deeri	WAS PERFIT	A A I A I A I A I A I A I A I A I A I A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYDRID STATE DEPARTMENT OF HEALTH-BALTIMORES

CHARGATE OF DEATH



1956 S - AAN:



INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01790

1782 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY FREDERICK MARYLAN	STATE Virginia COUNTY Loudon
CITY (it outside corporeta limits, write RURAL LENGTH OF S	TAY (If outside corporete fimits, write RURAL and give neerest town)
OR end give neerest town) (in this place	OR TOWN Town 17
HOSPITAL OR	Lovettsville STREET (if rurel give locetion)
STREET ADDRESS Frederick Memorial Hospital	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yaar)
(Type or Print) / Rs Thrence	Garen DEATH 15 195
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, TACE WILDOWED, DIVORCED,	8 DATE OF BIRTH 9. AGE fast birthdey IF UNDER 1 YEAR IF UNDER 24
Female White (Specify) married	July 15.1877 78 yrs. Months Deys Hours A
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
dona during most of working life, evan If OR INDUSTRY	COUNTRY?
13. FATHER'S NAME	Washington, D.C. USA
	14. MOTHER S MAIDER NAME
Jacob Slater	Sarah Dyer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service)	ITY NO. 17. INFORMANT & ADDRESS H.M. Yakey
no	Lovettsville, Va.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CAL CERTIFICATION INTERVAL BETWEE
10 O List	ONSET AND DEAT
301X IMMEDIATE CAUSE (A)	I you morrage & days
ANTECEDENT CAUSE(S) DUE TO	in releases
GIVING RISE TO THE ABOVE CAUSE	a scriusis
STATING UNDERLYING CAUSE LAST. DUE TO	timen.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO N
21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURR	
M. Whila Not w.	
22 I horoby contify that I attended the decreed to 7	ch. 6., 195 la., to Tel 15., 1956, that I last saw the decea
	- I de Mark
SIGNATURE	curred at
(1 (1+1)	a I 1 1/1/1 - 1/15 1/15
23. BURIAL, CREMATION: DATE THEREOF NAME OF CE	M.D. METERY OR CREMATORY A LOCATION (City, town, or county) (State
DEALGOVER TODECIEV)	
There's 7	
24. RECOSTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 16 Jeb 1956 Charlette & Head	M. R. Etchison & Son, Frederick, Md.

HEARD FOR THE CARE OF DEATH

BUREAU V. &

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21e. ACC OR CONT (IF EITHER 21d. TIM

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the registrar within 72 hours after death. After in by the funeral director, the third copy of ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1783 CI	KIIFICAII	OF DEA	Reg	. Dist. No. 131
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DEC	EASED
COUNTY Frederick	MARYLAND	STATE / LG	- 1770 COUNTY	Loudon
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	GITY (It outside gorpe	prete limits, write RURAL and	
OR end sive neerest town)	and this place)	OR TOWN T.O.	vettsville	83x-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS LAJAY (CK	Memorial	STREET ADDRESS	(If ruref give k	ocetion)
3. NAME OF DECEASED (First) HEATY	Mahlon	Yakey	4. DATE (Month) OF DEATH	(Dey) (Yeer) 29 1956
RACE WIDOW (Specify)	WINOWER	12/1880	75 yes. N	F UNDER 1 YEAR IF UNDER 24 HRS.
done during most of working fifa, even if	Ob. KIND OF BUSINESS / OR INDUSTRY	11. SIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
retired) Retited	Farmer -Owner	Virginia		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
T. S. Yakey			za James	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, grunk.) (If Yes, give wer or detes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give wer or detes of service)	None		Arnold, Love	ettsville, Va.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	18. MEDICAL CER	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
430.0 IMMEDIATE CAUSE (A)	Laute Cono	rary Thr	rung bosis	6 duys
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	rterios/exa	tic Hear	TDiseas	e ? Yvs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	astric Ula	er, with	Hemorit	use 1 mo
198. DATE OF OPERATION 196. MAJOR FINE	DINGS OF OPERATION			20. AUTOPSY? YES NO I
	(Home, ferm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County) (Stete)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e, INJURY OCCURRED White Not white et work	21f. HOW DID INJURY OCCU	R?	
22. I hereby certify that I attended the	deceased from 7/1	, 1956, to 2	129,1956,	that I last saw the deceased
alive on. 3 / 3 / 19.5 6	, and that death occurred at	E (la 14 x	causes and on the date RESS (Street, city, town, s	a stated above. DATE SIGNED PLANT H MC 2/3
23. BURIAL, CREMATION DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, fown, o	
Burial Mar. 2 10 24. REC'D BY REGISTRAR REGISTRAR'S SIGN	956 Union Come	25. FUNERAL DIRECTOR'S	Lovettsvi.	Lle, Virginia
193 - 193 - 194 AM	la 12 a la			Jamials Nameland

MARYLAND STATE DURANTASHT OF STALTS-SALVENORG, 13

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